2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 28, 2006 08:00 AM Secretary of State

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1. Entity Name

CONTRACTORS BUSINESS PARK VISTA CENTER, LLC



Principal Place of Business

Mailing Address

1350 E NEWPORT CENTER DR, STE 206 DEERFIELD BEACH, FL 33442

1350 E NEWPORT CENTER DR, STE 206 DEERFIELD BEACH, FL 33442



DO NOT WRITE IN THIS SPACE

04212006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 02-0646653 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

KAY LAW OFFICES

5. Name and Address of Current Registered Agent

ATTN: JAMES R. KAY, ESQ. 700 VILLAGE SQUARE CROSSING, STE 102B PALM BEACH GARDENS, FL 33410

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The above named entity sub-nits this statement for the purpose of chat the obligations of registered agent.	enging its registered office or registered agent, or bo	th, in the State of Florida. I am temiliar with, and accept
SIGNATURE Signature, typed or printed reams of registrated agent and title if applicable	(NOTE. Regulered Agent agniture required when reinstating)	DATE
Filing Fee Is \$50.00 Due by May 1, 2008		U00000540328 U5/10/06-80037-011 55.00

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9.	MANAGING MEMBERS/MANAGERS	
Dit	MGR	
name :	FLATAUR VISTA CENTER, LTD.	
STREET ADDRESS	1350 EAST NEWPORT CENTER DRIVE, SUITE 206	
City-St-ZiP	DEERFIELD BEACH, FL 33442	-
BILE		
NAME		
STREET AUDRESS		

DO NOT WRITE IN THIS SPACE

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am a managing member or manager of the limited hability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Linda G. Kassof

04/27/2006

(954) 428-4585

Daysme Phone #