


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 19, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L02000024616**  
 1. Entity Name  
**CONTRACTORS BUSINESS PARK VISTA CENTER, LLC**



Principal Place of Business      Mailing Address  
 1350 E NEWPORT CENTER DR, STE 206      1350 E NEWPORT CENTER DR, STE 206  
 DEERFIELD BEACH, FL 33442      DEERFIELD BEACH, FL 33442

**DO NOT WRITE IN THIS SPACE**



01072008 No Chg-LLC      CR2E083 (12/07)

4. FEI Number <b>02-0646653</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
 KAY LAW OFFICES  
 ATTN: JAMES R. KAY, ESQ.  
 700 VILLAGE SQUARE CROSSING, STE 102B  
 PALM BEACH GARDENS, FL 33410

**DO NOT WRITE IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

U00000831844  
 02/27/08-80036-003 143.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGR FLATAUR VISTA CENTER, LTD. 1350 EAST NEWPORT CENTER DRIVE, SUITE 206 DEERFIELD BEACH, FL 33442
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	

**DO NOT WRITE IN THIS SPACE**

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 oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** *[Signature]*      **DATE:** 14. Feb. 2008      **DAYTIME PHONE #:** 954-428-1585

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #