


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 02, 2006 8:00 am
Secretary of State

03-02-2006 90136 044 ****50.00

DOCUMENT # L03000004877	
1. Entity Name VISTA PROPERTIES, LLC	

Principal Place of Business 285 GRANDE WAY # 1403 NAPLES, FL 34110	Mailing Address 285 GRANDE WAY # 1403 NAPLES, FL 34110
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2. Principal Place of Business 7405 TREELINE DRIVE Suite, Apt. #, etc.	3. Mailing Address 7405 TREELINE DR. Suite, Apt. #, etc.
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City & State NAPLES FL	City & State NAPLES FL
Zip 34119	Zip 34119
Country Collier	Country Collier

02272006 Chg-LLC CR2E083 (11/05)

4. FEI Number 16-1653378	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent FORSMAN, CRAIG 285 GRANDE WAY # 1403 NAPLES, FL 34110

7. Name and Address of New Registered Agent	
Name FORSMAN, CRAIG	
Street Address (P.O. Box Number is Not Acceptable) 7405 TREELINE DRIVE	
City NAPLES	FL Zip Code 34119

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: *Craig Forsman* (NOTE: Registered Agent signature required when reinstating) DATE: 2/27/06

Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FORMAN, CRAIG 285 GRANDE WAY STE 1407 NAPLES, FL 34110 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FORSMAN, CRAIG 7405 TREELINE DRIVE NAPLES, FL 34119 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Craig Forsman* DATE: 2/27/06 DAYTIME PHONE: 239-598-5333