


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Sep 09, 2005 8:00 am**  
**Secretary of State**

09-09-2005 90115 039 \*\*\*\*55.00

<b>DOCUMENT # L03000005125</b> 1. Entity Name VISTA EAST CONSULTING SERVICES, LLC	
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Principal Place of Business 130 SOUTH ORANGE AVENUE, SUITE 300 ORLANDO, FL 32801	Mailing Address 130 SOUTH ORANGE AVENUE, SUITE 300 ORLANDO, FL 32801
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**DO NOT WRITE IN THIS SPACE**



06282005No Chg-LLC

CR2E083 (10/03)

4. FEI Number 43-2027292	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  YEAGER, ROBERT A 130 SOUTH ORANGE AVENUE, SUITE 300 ORLANDO, FL 32801
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**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.

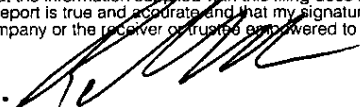
SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00  
Due by September 7, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR YEAGER, ROBERT A 130 SOUTH ORANGE AVENUE, SUITE 300 ORLANDO, FL 32801
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**DO NOT WRITE  
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:**  **7/12/05** **407.465.6623**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #