


# 2004 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

|                               |  |   |
|-------------------------------|--|---|
| DOCUMENT # L03000006361       |  |  |
| 1. Entity Name<br>VISTAS, LLC |  |   |

FILED  
2004 NOV 29 PM 12: 22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

|  |  |
|--|--|
| Principal Place of Business<br>4505 BARNABY DRIVE<br>JACKSONVILLE, FL 32217 US | Mailing Address<br>4505 BARNABY DRIVE<br>JACKSONVILLE, FL 32217 US |
|--|--|



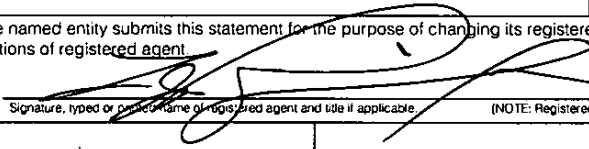
|   |         |                                     |         |
|---|---------|-------------------------------------|---------|
| 2. Principal Place of Business<br>4787 Reed Ave |         | 3. Mailing Address<br>4787 Reed Ave |         |
| Suite, Apt. #, etc.                             |         | Suite, Apt. #, etc.                 |         |
| City & State<br>Jacksonville FL                 |         | City & State<br>Jacksonville FL     |         |
| Zip<br>32257                                    | Country | Zip<br>32257                        | Country |

11102004 Chg-LLC CR2E083 (10/03)

|   |  |                                |
|---|--|--------------------------------|
| 4. FEI Number<br>02-0687257                               |  | Applied For<br>Not Applicable  |
| 5. Certificate of Status Desired <input type="checkbox"/> |  | \$5.00 Additional Fee Required |

|   |  |  |  |
|---|--|--|--|
| 6. Name and Address of Current Registered Agent<br>ROSENQUIST, LARRY J<br>4505 BARNABY DRIVE<br>JACKSONVILLE, FL 32247<br>32257 |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code |  |
|---|--|--|--|


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

|                       |  |
|-----------------------|--|
| Amended AR is \$50.00 | Make check payable to<br>Florida Department of State |
|-----------------------|--|

|  |   |  |  |
|--|---|--|--|
| 9. MANAGING MEMBERS/MANAGERS                   |   | 10. ADDITIONS/CHANGES                          |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>ROSENQUIST, LARRY J MGR<br>4505 BARNABY DRIVE<br>JACKSONVILLE, FL 32247<br>32257 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | 200043049682<br>11/29/04--01084--001 **50.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input checked="" type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>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 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:  11-22-04 9042194767  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #