2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE

Mar 07, 2007 08:00 AM **DOCUMENT # L03000013844 Secretary of State** 1. Entity Name VISTA GRANDE, LLC Mailing Address Principal Place of Business **5622 GULF DRIVE** 5626 GULF DRIVE HOLMES BEACH, FL 34217. HOLMES BEACH, FL 34217 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite. Apt. #. etc. 02052007 Chg-LLC CR2E083 (12/06) City & State Applied For City & State 4. FEI Number 55-0829177 Not Applicable Zip Country \$5.00 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BARNES, GARRETT Street Address (P.O. Box Number is Not Acceptable) BARNES WALKER, CHARTERED 3119 MANATEE AVE. WEST **BRADENTON, FL 34205-3350** City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Floride Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10 Addition TITLE MGR ☐ Delete TITLE DAVIS, FRANK H JR NAME NAME STREET ADDRESS 5626 GULF DRIVE STREET ADDRESS CITY-ST-ZIP HOLMES BEACH, FL 34217 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP U00000659230 TITLE ☐ Delete TITLE 03/15/07-80030-0000thanger. 100 Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-71P TITLE Detete TIME Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-7IP CITY-ST-ZIP me Delete TITLE ☐ Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SY-ZIP TTT/F ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME . STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.

KING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED