


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 31, 2005 8:00 am
Secretary of State

01-31-2005 90198 027 ****50.00

DOCUMENT # L03000013999 1. Entity Name BOCA VISTA, L.L.C.					
Principal Place of Business 732 NORTH HIGHLAND AVE. TARPON SPRINGS, FL 34688			Mailing Address 732 NORTH HIGHLAND AVE. TARPON SPRINGS, FL 34688		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address P.O. BOX 969 Suite, Apt. #, etc.			
City & State		City & State TARPON SPRINGS, FL		4. FEI Number 01-0808366	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
Zip 34688-0919		Country USA		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent GASSMAN, ALAN S ESQ 1245 COURT ST., STE. 102 CLEARWATER, FL 33756			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City 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 _____					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ANTHONY, CHARLES 732 NORTH HIGHLAND AVE. TARPON SPRINGS, FL 34688	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ANTHONY, LASANDRA 732 N. HIGHLAND AVE TARPON SPRINGS, FL 34688	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete			
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: <i>Lasandra Anthony</i> 1-27-05 727-939-9049 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					