

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000016246

FILED
May 17, 2007
Secretary of State

Entity Name: DUNE VISTA, LLC

Current Principal Place of Business:

21 N. SPOOKY LANE
SANTA ROSA BEACH, FL 32459

New Principal Place of Business:

Current Mailing Address:

21 N. SPOOKY LANE
SANTA ROSA BEACH, FL 32459

New Mailing Address:

FEI Number: 38-3683417 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

MORRIS, FLYNN D JR.
21 N. SPOOKY LANE
SANTA ROSA BEACH, FL 32459 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MORRIS, FLYNN D JR
Address: 21 N. SPOOKY LANE
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: MGR () Delete
Name: STEPHENS, DAVID A
Address: 1541 MCCONNELL RD
City-St-Zip: GRAYSON, GA 30017

Title: MGR () Delete
Name: MARTIN, FRANK A
Address: 1402 FAIRWAY RD
City-St-Zip: FORT PAYNE, AL 34967

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: FLYNN D. MORRIS, JR.

MR.

05/17/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date