

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000016246

FILED
Apr 22, 2009
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 ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

MGRM

04/22/2009

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