

# 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