

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Jul 06, 2007 8:00 am**  
**Secretary of State**

07-06-2007 90087 001 \*\*\*550.00

DOCUMENT # L03000016287

1. Entity Name

SUN VISTA PARTNERS I, LLC



Principal Place of Business

Mailing Address

THE KRESS BUILDING, SUITE 205  
475 CENTRAL AVENUE  
ST. PETERSBURG FL 33701  
US

THE KRESS BUILDING, SUITE 202  
475 CENTRAL AVENUE  
ST. PETERSBURG FL 33701  
US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

1950 LAKE AVE SE

1950 LAKE AVE SE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

B

B

City & State

City & State

LAK60, FL

LAK60, FL

Zip

Country

Zip

Country

33771

USA

33771

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MASCARA, ERNEST L  
THE KRESS BUILDING, SUITE 202  
475 CENTRAL AVENUE  
ST. PETERSBURG FL 33701

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete  
NAME LODER, JOHN  
STREET ADDRESS 475 CENTRAL AVENUE, SUITE 205  
CITY-ST-ZIP ST. PETERSBURG FL 33701

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 1950 LAKE AVE SE, B  
CITY-ST-ZIP LAK60, FL 33771

TITLE MGR ☐ Delete  
NAME GIANFILIPPO, STEVEN  
STREET ADDRESS 475 CENTRAL AVENUE, SUITE 205  
CITY-ST-ZIP ST. PETERSBURG FL 33701

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

*Charles / April Charles*

5-1-07 (727) 581-7200