

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

07-06-2007 90087 001 \*\*\*550.00  
L03000019589

DOCUMENT # L03000019589

1. Entity Name

SUN VISTA PARTNERS III, LLC



FILED

07 SEP 17 PM 3:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business

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

Mailing Address

C/O ERNEST L. MASCARA, P.A.  
475 CENTRAL AVENUE, SUITE 202  
ST. PETERSBURG FL 33701  
US

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

1950 LAKE AVE SE

3. Mailing Address

1950 LAKE AVE SE

Suite, Apt. #, etc.

B

Suite, Apt. #, etc.

B

City & State

LAKESIDE, FL

City & State

LAKESIDE, FL

4. FEI Number

Applied For

☒ Not Applicable

Zip

33771

Country

USA

Zip

33771

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. MANAGING MEMBERS/MANAGERS

|                                                    |                                                                                        |                                 |
|----------------------------------------------------|----------------------------------------------------------------------------------------|---------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | MGR<br>LODER, JOHN<br>475 CENTRAL AVENUE, SUITE 205<br>ST. PETERSBURG FL 33701         | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | MGR<br>STEVEN, GIANFILIPPO<br>475 CENTRAL AVENUE, SUITE 205<br>ST. PETERSBURG FL 33701 | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                                        | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                                        | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                                        | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                                        | <input type="checkbox"/> Delete |

10. ADDITIONS/CHANGES

|                                                    |                                           |                                                                              |
|----------------------------------------------------|-------------------------------------------|------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | 1950 LAKE AVE SE, B<br>LAKESIDE, FL 33771 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

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:

*April Charles*

5-1-07 (127) 581-7200

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

Date

Daytime Phone #