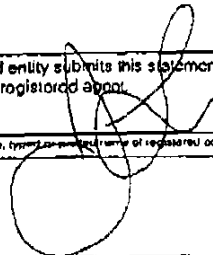


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L03000028761				F1507191900054 07-06-2007 90086 001 ***500.00	
1. Entity Name SUN VISTA DEVELOPMENT GROUP, LLC		Principal Place of Business THE KRESS BUILDING, SUITE 205 475 CENTRAL AVENUE ST. PETERSBURG FL 33701 US		Mailing Address C/O ERNEST L. MASCARA 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		2007 AUG 24 P 3:49	
Suite, Apt. #, etc. B		Suite, Apt. #, etc. B		SEC TALL	
City & State Largo, FL		City & State Largo, FL		1st MOORE CR2E083 (10/06)	
Zip 33771		Country USA		4. FEI Number 20-0990241	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required		Applied For ☐ Not Appl			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
			Name John Loder		
			Street Address (P.O. Box Number is Not Acceptable) 1950 Lake Ave SE, #B		
			City Largo		
			FL Zip Code 33771		
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 acknowledge the obligations of registered agent.					
SIGNATURE 			7-31-07		
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007					
B. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGR LODER, JOHN 475 CENTRAL AVENUE, SUITE 205 ST. PETERSBURG FL 33701	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	1950 lake Ave SE #B Largo, FL 33771	☒ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGR GIANFILIPPO, STEVEN 475 CENTRAL AVENUE, SUITE 205 ST. PETERSBURG FL 33701	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGR SPENCER, STEPHEN J 475 CENTRAL AVENUE, SUITE 205 ST. PETERSBURG FL 33701	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Add
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 a limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: 			5-1-07 (22) 581-7200		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date		
			Device Phone #		
			Total P.03		