2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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SEC... STATE
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1st MOORE CR2E083 (10/06)

1. Entity Name
SUN VISTA DEVELOPMENT GROUP, LLC

Principal Place of Business	Mailing Address
THE KRESS BUILDING, SUITE 205 475 CENTRAL AVENUE ST. PETERSBURG FL 33701 US	C/O ERNEST L. MASCARA 475 CENTRAL AVENUE, SUITE 202 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.: B	Suite, Apt. #, etc.: B
City & State: Largo, FL	City & State: Largo, FL
Zip: 33771 Country: USA	Zip: 33771 Country: USA

4. FEI Number: 20-0990241 ☐ Applied F ☐ Not Applic

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

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 S.E., #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 ac the obligations of registered agent.

SIGNATURE _____ DATE 7-31-07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR LODER, JOHN 475 CENTRAL AVENUE, SUITE 205 ST. PETERSBURG FL 33701	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Ad 1950 Lake Ave SE, B Largo, FL 33771
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR GIANFILIPPO, STEVEN 475 CENTRAL AVENUE, SUITE 205 ST. PETERSBURG FL 33701	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Ad
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR SPENCER, STEPHEN J 475 CENTRAL AVENUE, SUITE 205 ST. PETERSBURG FL 33701	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Ad
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Ad
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Ad

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 informati 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 l limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Acharles / April Charles 5-1-07 (727)581-7200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #