


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000033686
 1. Entity Name
 BOYD VISTA LLC



Principal Place of Business
 7586 W. SAND LAKE RD.
 ORLANDO, FL 32819

Mailing Address
 7586 W. SAND LAKE RD.
 ORLANDO, FL 32819

DO NOT WRITE IN THIS SPACE



04172006No Chg-LLC CR2E083 (11/05)

4. FEI Number 56-2392294	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BOYD, SCOTT T
 7586 W. SAND LAKE RD.
 ORLANDO, FL 32819

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

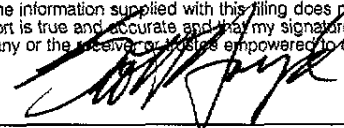
**Filing Fee is \$50.00
 Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BOYD, SCOTT T 7586 W SAND LAKE RD ORLANDO, FL 32819
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:  **Scott T. Boyd President** 4/26/06 407 352-5859

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #