2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000039931

Entity Name: VISTA FINANCIAL SOLUTIONS LLC

FILED Jan 08, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

512 W JUNEAU STREET 222 SW 16TH TERRACE CAPE CORAL, FL 33991 US

Current Mailing Address: New Mailing Address:

P.O. BOX 8659 222 SW 16TH TERRACE CAPE CORAL, FL 33991 US

FEI Number: 75-3147906 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

NYMAN, BENGT C
512 W JUNEAU STREET
TAMPA, FL 33604 US

NYMAN, BENGT C
222 SW 16TTH TERRACE
CAPE CORAL, FL 33991 US

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.

SIGNATURE: BENGT C NYMAN 01/08/2005

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS: ADDITIONS/CHANGES:

Title: MGR () Delete Title: MGR (X) Change () Addition

 Name:
 NYMAN, BENGT C
 Name:
 NYMAN, BENGT C

 Address:
 512 WEST JUNEAU STREET
 Address:
 222 SW 16TH TERRACE

 City-St-Zip:
 TAMPA, FL 33604 US
 City-St-Zip:
 CAPE CORAL, FL 33991 US

Title: MGRM () Delete Title: MGRM (X) Change () Addition Name: NYMAN, DIANE R NYMAN, DIANE R

Address: 512 W JUNEAU STREET Address: 222 SW 16TH TERRACE
City-St-Zip: TAMPA, FL 33604 US City-St-Zip: CAPE CORAL, FL 33991 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: BENGT C NYMAN MGR 01/08/2005