2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 19, 2007
Secretary of State

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Entity Name: PRIMA VISTA COMMONS, LLC

Current Principal Place of Business:

2969 WHITNEY AVENUE, #302
HAMDEN, CT 06518

New Principal Place of Business:

377 MAIN STREET
WEST HAVEN, CT 06516

Current Mailing Address:

2969 WHITNEY AVENUE, #302
HAMDEN, CT 06518

New Mailing Address:

377 MAIN STREET
WEST HAVEN, CT 06516

FEI Number: 20-2149460 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NAVARETTA, STEPHEN ESQ.
1100 SW ST. LUCIE WEST BLVD. #302
PORT ST. LUCIE, FL 34986 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGR (X) Delete
Name: ENGENGRO, MARK SR.
Address: 3074 WHITNEY AVENUE
City-St-Zip: HAMDEN, CT 06518

Title: MGR ( ) Delete
Name: MEYERS, LEONARD
Address: 7485 BONDSBERRY COURT
City-St-Zip: BOCA RATON, FL 33404

Title: MGR ( ) Delete
Name: GINSBERG, KENNETH
Address: 377 MAIN STREET
City-St-Zip: NEW HAVEN, CT 06516

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: KENNETH S. GINSBERG MGR 03/19/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date