


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90037 018 ****50.00

DOCUMENT # L04000064122		
1. Entity Name VISTA VENTURES I, LLC		

Principal Place of Business 1560 LATHAM ROAD - 2257 Vista Pkwy SUITE 7 #17 WEST PALM BEACH, FL 33409 33411	Mailing Address 1560 LATHAM ROAD - 2257 Vista Pkwy SUITE 7 #17 WEST PALM BEACH, FL 33409 33411
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2. Principal Place of Business 2257 VISTA PKWY Suite, Apt. #, etc. #17 City & State WEST PALM BEACH, FL Zip 33411	3. Mailing Address 2257 VISTA PKWY Suite, Apt. #, etc. #17 City & State WEST PALM BEACH, FL Zip 33411
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04252006 Chg-LLC CR2E083 (11/05)

4. FEI Number 01-0820339	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent JACOBSON, ANDREW M 712 U.S. HIGHWAY ONE, SUITE 400 NORTH PALM BEACH, FL 33408		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ADLER VISTA, LLC 1560 LATHAM ROAD STE 7 WEST PALM BEACH, FL 33409 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCCRANEY VENTURES I, LLC 1560 LATHAM ROAD STE 7 2257 Vista Pkwy WEST PALM BEACH, FL 33409 #17 33411 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *James R. Pham, CONTROLLER* **4/26/06 361-478-4300**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #