2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2008
Secretary of State

DOCUMENT# L04000064122

Entity Name: VISTA VENTURES I, LLC

Current Principal Place of Business:

2257 VISTA PKWY
SUITE 17
WEST PALM BEACH, FL 33411

New Principal Place of Business:

Current Mailing Address:

2257 VISTA PKWY
SUITE 17
WEST PALM BEACH, FL 33411

New Mailing Address:

FEI Number: 01-0820340 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JACOBSON, ANDREW M
2257 VISTA PARKWAY
17
WEST PALM BEACH, FL 33411 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:	MGRM	( ) Delete
Name:	ADLER VISTA, LLC,	
Address:	2257 VISTA PARKWAY STE 17	
City-St-Zip:	WEST PALM BEACH, FL 33411	
Title:	MGRM	( ) Delete
Name:	MCCRANEY VENTURES I,, LLC	
Address:	2257 VISTA PKWY #17	
City-St-Zip:	WEST PALM BEACH, FL 33411	
Title:	MGRM	( ) Delete
Name:	VISTA VENTURES MANAG, EMENT, LLC	
Address:	2257 VISTA PKWY #17	
City-St-Zip:	WEST PALM BEACH, FL 33411	

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 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: STEVEN MCCRANEY MGRM 04/23/2008

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