

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90024 019 ****55.00

DOCUMENT # L04000077613 1. Entity Name SWERDLOW VISTA GP, LLC					
Principal Place of Business 321 EAST HILLSBORO BLVD. DEERFIELD BEACH, FL 33441			Mailing Address 321 EAST HILLSBORO BLVD. DEERFIELD BEACH, FL 33441		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent STOTZER, THEODORE T 321 EAST HILLSBORO BLVD. DEERFIELD BEACH, FL 33441			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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) Signature, typed or printed name of registered agent and title if applicable. DATE _____					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BONEFISH PARTNERS, LLC 3390 Mary Street, Suite 200 Coconut Grove, Florida 33133 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
11. I hereby certify that the information supplied with this filing does not qualify 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 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 606, Florida Statutes.					
BY: SWERDLOW VISTA GP, LLC BONEFISH PARTNERS, LLC , its Managing Member					
SIGNATURE: By: _____ SIGNATURE AND TYPED OR PRINTED NAME OF CURRENT MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Michael Swerdlow / Management Comm. Chairman			April 15, 2005 (954) 949-3480 Date Daytime Phone #		

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02242005 Chg-LLC CR2E083 (10/03)

4. FEI Number ☐ Applied For
☒ Not Applicable

6. Certificate of Status Desired ☒ \$5.00 Additional Fee Required