2007 LIMITED LIABILITY COMPANY

Apr 25, 2007 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # L04000077621** 04-25-2007 90031 049 ****55.00 1. Entity Name BF VISTA, LLC Principal Place of Business Mailing Address 321 EAST HILLSBORO BLVD. 321 EAST HILLSBORO BLVD. DEERFIELD BEACH, FL 33441 DEERFIELD BEACH, FL 33441 2. Principal Place of Business - No P.O. Box # 3. Mailing Address <u>3390 Mary Street</u> 3390 Mary Street Suite, Apt. #, etc. Suite, Apt. #, etc. 04162007 Chg-LLC CR2E083 (12/06) Suite 200 Suite 200 4. FEI Number Applied For **NOT APPLICABLE** Coconut Grove, FLCoconut Grove, Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 33133 33133 USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent STOTZER, THEODORE R Street Address (P.O. Box Number is Not Acceptable) 321 EAST HILLSBORO BLVD. DEERFIELD BEACH, FL 33441 Zip Code City FL 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGRM TITLE Delete TITLE ☐ Channe ☐ Addition BONEFISH PARTNERS, LLC NAME NAME STREET ADDRESS 3390 MARY STREET, SUITE 200 STREET ADDRESS CITY-ST-ZIP COCONUT GROVE, FL 33133 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET AODRESS CITY-ST-ZIP CITY-ST-ZIP

lling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the lowered to execute this report as required by Chapter 608, Florida Statutes. 11. I hereby certify that the information supplied with this indicated on this report is true and accurate and timited liability company or the receiver or Justee

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME

Bonefish Parnters, LLC Michael Swerdlow, Pres

/17/07 305-476-01₀₀

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