


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 11, 2006 8:00 am
Secretary of State

07-11-2006 90118 044 ****50.00

DOCUMENT # L05000007878	
1. Entity Name VISTA LINDA, L.L.C.	

Principal Place of Business 11640 SOUTH SEA COURT WELLINGTON, FL 33467 US	Mailing Address 11640 SOUTH SEA COURT WELLINGTON, FL 33467 US
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2. Principal Place of Business 17570 MIDDLE BROOK WAY	3. Mailing Address same as principal
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State BOCA RATON, FLORIDA	City & State
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Zip 33496	Country USA	Zip	Country
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20048237



07062006 Chg-LLC CR2E083 (11/05)

4. FEI Number 20-2263217	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent PUENTE, RAUL A 17570 MIDDLE BROOK WAY BOCA RATON, FL 33496	
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7. Name and Address of New Registered Agent

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.	
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SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		DATE _____
Filing Fee is \$50.00 Due by September 6, 2006	Make check payable to Florida Department of State	

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PUENTE, RAUL 11640 SOUTH SEA COURT WELLINGTON, FL 33467 <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 PUENTE, YNES 11640 SOUTH SEA COURT WELLINGTON, FL 33467 <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:  YNES U. PUENTE	Date 07/06/06	Daytime Phone # 561-477-4617
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