2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 14, 2007 8:00 am
Secretary of State
02-14-2007 90220 039 ****50.00

DOCUMENT # L05000007878

1. Entity Name
VISTA LINDA, L.L.C.

Principal Place of Business	Mailing Address
11570 MIDDLEBROOK WAY BOCA RATON FL 33496 US	11570 MIDDLEBROOK WAY BOCA RATON FL 33496 US

1st MOORE CR2E083 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
17554 MIDDLEBROOK WAY	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: BOCA RATON - FL	City & State
Zip: 33496 Country: USA	Zip Country

4. FEI Number 20-2263217 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PUENTE, RAUL A ~~17570~~ MIDDLE BROOK WAY BOCA RATON FL 33496	Name: RAUL A. PUENTE Street Address (P.O. Box Number is Not Acceptable): 17554 MIDDLE BROOK WAY City: BOCA RATON FL Zip Code: 33496

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] 1/20/07

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	☐ Delete
NAME	PUENTE, RAUL	
STREET ADDRESS	~~11640 SOUTH SEA COURT~~ 17554 MIDDLEBROOK	
CITY ST ZIP	~~WELLINGTON FL 33467~~ BOCA RATON FL 33496	
TITLE	MGRM	☐ Delete
NAME	PUENTE, YNES	
STREET ADDRESS	~~11640 SOUTH SEA COURT~~ 17554 MIDDLEBROOK	
CITY ST ZIP	~~WELLINGTON FL 33467~~ BOCA RATON, FL 33496	
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10. ADDITIONS/CHANGES

TITLE		☐ Change ☐ Addition
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CITY ST ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: [signature] 01/20/07 561 3089881

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #