
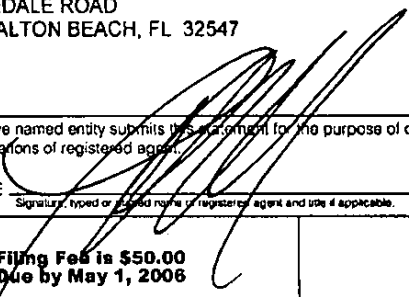
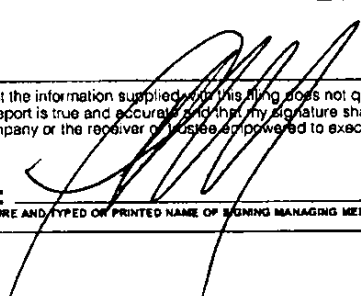


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

05-02-2006 90039018 \*\*\*\*\*50.00  
L05000009422

<b>DOCUMENT # L05000009422</b> 1. Entity Name <b>VISTA DEVELOPMENT, LLC</b>					
Principal Place of Business <b>817 PINEDALE ROAD FORT WALTON BEACH, FL 32579</b>			Mailing Address <b>817 PINEDALE ROAD FORT WALTON BEACH, FL 32547</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>20-22406607</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>MONSEES, NICOLE J 819 PINEDALE ROAD FORT WALTON BEACH, FL 32547</b>				7. Name and Address of New Registered Agent Name <b>CARSON, LOWELL C., JR.</b> Street Address (P.O. Box Number is Not Acceptable) <b>819 PINEDALE RD</b>  City <b>FORT WALTON BEACH</b> FL Zip Code <b>32547</b>	
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  <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<b>Lowell Carson</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>		<b>4/28/06</b> <small>DATE</small>	
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>				<b>Make check payable to Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM LANDMARK REAL ESTATE, LLC 817 PINEDALE ROAD FORT WALTON BEACH, FL 32547</b>	<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		<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		<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		<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		<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		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied on 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 606, Florida Statutes.					
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<b>Lowell Carson</b>		<b>4/28/06</b> <small>Date</small>	
<small>Daytime Phone #</small>					

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

2006 JUN 14 PM 4:25



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