05-02-2006 90039 018 **** 50.00 L05000009422

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

| Alling Address Suita April | DOCUMENT # L0500009422 1. Entity Name VISTA DEVELOPMENT, LLC | | | SECRETARY OF STATE DIVISION OF STATE ATTOMS 2006 JUN 14 PM 4: 25 | |
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| Exp. Country Zp Country S. Conficient of Status Desired SS.00 Academial Por Registrate Against SS.00 Academial Por Registrate Against The Registrate Against | Suite, Apt. #, etc. | Suite, Apt. #, etc. | | 01182006 Chg-LLC CR2E083 (11/05) | |
| S. Name and Address of Current Registered Agent 7. Name and Address of Surrent Registered Agent 7. Name and Address of New Registered Agent NONSERS, NICOLE J 819 PINEDALE ROAD FORT WALTON SEACH, FL 32547 8. The above pared entry syndra and particular particular and particular particular and particular particular particular and particular particular particular and particular particular and particular particular particular and particular particular | City & State | City & State | | | |
| MONSEES NICOLE J 819 PINEDALE ROAD FORT WALTON BEACH, FL 32547 8. The above named entity suphting plant of this purpose of changing its registered office or registered agent, or both, in one State of Florida. I am furnitar with, and accept the obligations of registered registering of registered registering of registered office or registered agent, or both, in one State of Florida. I am furnitar with, and accept the obligations of registered registering in a registered office or registered agent, or both, in one State of Florida. I am furnitar with, and accept the obligations of registered registering in a registered office or registered agent, or both, in one State of Florida. I am furnitar with, and accept the obligations of registering in a registered office or registered agent, or both, in one State of Florida. I am furnitar with, and accept the obligation of registering in a register of registered registering in a registered office. SIGNATURE: Nation | | | Country | 5. Certificate of Status Desired Fee Required | |
| 8. The above pared entry submits of professional professi | MONSEES, NICOLE J 819 PINEDALE ROAD FORT WALTON BEACH, FL 32547 City Name LRSON, LOWEL C Street Address (P.O. Box Number is Not Acceptable) | | | | |
| 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES ITILE MARK MISER ADDRESS CITY-ST-2P Change Addition MISER ADDRESS CITY-ST-2P Delete TITLE MAKE STREET ADDRESS CITY-ST-2P TITLE MAKE STREET ADDRESS CITY-ST-2P Delete TITLE MAKE STREET ADDRESS CITY-ST-2P TITLE MAKE MAKE MAKE MAKE MAKE MAKE MAKE MAK | 8. The above named entity suprimis the advantage 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 LUCION 4/28/06 | | | | |
| THE NAME STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS CITY-ST- | Films Fee is \$50.00 Due by May 1, 2006 | | | | |
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| NAME STREET ADDRESS CITY-S1-ZIP 11. I hereby certify that the information sumplied of the first fling 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 occurred shorther 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 of posses empowered to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE: | NAME STREET ADDRESS | ☐ Delete | NAME STREET ADDRESS | ☐ Change ☐ Addition | |
| SIGNATURE: havel Charson 4/28/16 | NAME STREET ADDRESS CITY-ST-ZIP | MIL | NAME STREET ADDRESS CITY-ST-ZIP | | |
| SIGNATURE: LAUS CHOSEN 4/28/46 SIGNATURE AND TYPED ON PRINTED NAME OF PLANING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE DAY. Dayline Prove # | 11. I hereby certify that the information supplied of this fling 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 eccurage and other fly agriculture shall have the same legal effect as if made under certify that I am a managing member or manager of the limited liability company or the receiver of tasks of powered to execute this report as required by Chapter 608, Florida Statutes. | | | | |
| | SIGNATURE: NAME OF SIGNATURE AND TYPED ON PRINTED NAME OF SIGNANG MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE DAME OF SIGNANG MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | | | |