


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90261 023 ****55.00

DOCUMENT # L05000022533 1. Entity Name VISTANCIA, LLC					
Principal Place of Business 4000 N. FEDERAL HIGHWAY, SUITE 201 C/O JEFFREY A. LEVINE, P.A. BOCA RATON, FL 33431				Mailing Address 4000 N. FEDERAL HIGHWAY, SUITE 201 C/O JEFFREY A. LEVINE, P.A. BOCA RATON, FL 33431	
2. Principal Place of Business - No P.O. Box # 6751 N. FEDERAL HIGHWAY Suite, Apt. #, etc. 301		3. Mailing Address 6751 N FEDERAL HIGHWAY Suite, Apt. #, etc. 301			
City & State BOCA RATON, FL.		City & State BOCA RATON, FL.		4. FEI Number 20-2518154	
Zip 33487		Country US		5. Certificate of Status Desired - <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent LEVINE, JEFFREY A.P.A. 4000 N. FEDERAL HIGHWAY, SUITE 201 BOCA RATON, FL 33431 6751 N FEDERAL HIGHWAY SUITE 301 BOCA RATON, FL. 33487				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GORDON, GARY 3839 NW BOCA RATON BLVD., SUITE 100-A BOCA RATON, FL 33431			<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GORDON, ROBERT 3839 NW BOCA RATON BLVD., SUITE 100-A BOCA RATON, FL 33431			<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					
<small>Date</small>				<small>Daytime Phone #</small>	