
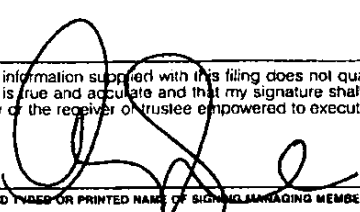


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 02, 2006 8:00 am**  
**Secretary of State**

02-09-2006 90146 012 \*\*\*\*50.00

<b>DOCUMENT # L05000048583</b> 1. Entity Name <b>3203 VISTA TRACE, LLC</b>					
Principal Place of Business <b>5481 NORTH BAY ROAD MIAMI BEACH FL 33140</b>			Mailing Address <b>5481 NORTH BAY ROAD MIAMI BEACH FL 33140</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number	
Zip		Country		<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$5.00</b> Additional Fee Required	
5. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>SEGAL, JONATHAN 5481 NORTH BAY ROAD MIAMI BEACH FL 33140</b>			Name Street Address (P.O. Box Number is Not Acceptable) City		
			<b>FL</b> Zip Code		
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 certifying) DATE _____					
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2006</b>					
<b>9. MANAGING MEMBERS/MANAGERS</b>					
TITLE	MGR <input type="checkbox"/> Delete				
NAME	SEGAL, JONATHAN				
STREET ADDRESS	5481 NORTH BAY ROAD				
CITY - ST - ZIP	MIAMI BEACH FL 33140				
TITLE	MGR <input type="checkbox"/> Delete				
NAME	SEGAL, AMY				
STREET ADDRESS	5481 NORTH BAY ROAD				
CITY - ST - ZIP	MIAMI BEACH FL 33140				
TITLE	<input type="checkbox"/> Delete				
NAME	_____				
STREET ADDRESS	_____				
CITY - ST - ZIP	_____				
TITLE	<input type="checkbox"/> Delete				
NAME	_____				
STREET ADDRESS	_____				
CITY - ST - ZIP	_____				
TITLE	<input type="checkbox"/> Delete				
NAME	_____				
STREET ADDRESS	_____				
CITY - ST - ZIP	_____				
TITLE	<input type="checkbox"/> Delete				
NAME	_____				
STREET ADDRESS	_____				
CITY - ST - ZIP	_____				
<b>10. ADDITIONS/CHANGES</b>					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	_____				
STREET ADDRESS	_____				
CITY - ST - ZIP	_____				
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	_____				
STREET ADDRESS	_____				
CITY - ST - ZIP	_____				
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	_____				
STREET ADDRESS	_____				
CITY - ST - ZIP	_____				
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	_____				
STREET ADDRESS	_____				
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.					
<b>SIGNATURE:</b> 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date _____ Daytime Phone # _____					

12506 37799-6573



ATTACHMENT

30001589

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 13, 2006

3203 VISTA TRACE, LLC  
5481 NORTH BAY ROAD  
MIAMI BEACH, FL 33140

Subject: 3203 VISTA TRACE, LLC

Reference Number: L05000048583

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/CJ

ANNUAL REPORTS SECTION