


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

05-03-2007 90261 019 ****55.00

DOCUMENT # L05000054061		
1. Entity Name VISTANCIA II, LLC		

Principal Place of Business % JEFFREY A. LEVINE, P.A. 4000 N. FEDERAL HIGHWAY, SUITE 201 BOCA RATON, FL 33431	Mailing Address % JEFFREY A. LEVINE, P.A. 4000 N. FEDERAL HIGHWAY, SUITE 201 BOCA RATON, FL 33431
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2. Principal Place of Business - No P.O. Box # 6751 N FEDERAL HIGHWAY	3. Mailing Address 6751 N FEDERAL HIGHWAY
Suite, Apt. #, etc. 301	Suite, Apt. #, etc. 301

City & State BOCA RATON, FL.	City & State BOCA RATON, FL.
Zip 33487	Zip 33487
Country US	Country US

60048282



03302007 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
JEFFREY A. LEVINE, P.A. 4000 N. FEDERAL HIGHWAY, SUITE 201 BOCA RATON, FL 33431 6751 N. FEDERAL HIGHWAY SUITE 301 BOCA RATON, FL. 33487		Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 reinstating) DATE _____

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	MGRM GORDON HOMES, INC. <input type="checkbox"/> Delete 3839 NW BOCA RATON BLVD, SUITE 100-A BOCA RATON, FL 33431	TITLE NAME STREET ADDRESS CITY-ST-ZIP	6464 Bellamalfi Street <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Boca Raton, FL 33496
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GORDON, GARY <input type="checkbox"/> Delete 3839 NW BOCA RATON BLVD, SUITE 100-A BOCA RATON, FL 33431	TITLE NAME STREET ADDRESS CITY-ST-ZIP	6464 Bellamalfi Street <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Boca Raton, FL 33496
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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 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 of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

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