FILED
Jun 13, 2006 8:00 am
Secretary of State
05-01-2006 90074 026 ****50.00

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000059034

1. Entity Name
MEDIA VISTA INVESTMENTS, LLC

Principal Place of Business	Mailing Address
5050 TAMIAMI TRAIL N. NAPLES, FL 34103 US	5050 TAMIAMI TRAIL N. NAPLES, FL 34103 US

01122006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business	3. Mailing Address
[redacted] 5405 Taylor Rd., Ste. 10 Naples, FL 34109	[redacted] 5405 Taylor Rd., Ste. 10 Naples, FL 34109
Zip / Country USA	Zip / Country USA

4. FEI Number 593-65-1307 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BENDECK, JUAN D ESQ.
C/O COX & NICI 1185 IMMOKALEE ROAD
SUITE 110
NAPLES, FL 34110

7. Name and Address of New Registered Agent

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 ______________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00 Due by May 1, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR ROSALES, ORLANDO 5050 TAMIAMI TRAIL N. NAPLES, FL 34103 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[redacted] 5405 Taylor Rd., Ste. 10 Naples, FL 34109 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR ROSALES, MAYELA 5050 TAMIAMI TRAIL N. NAPLES, FL 34103 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[redacted] 5405 Taylor Rd., Ste. 10 Naples, FL 34109 ☑ Change ☐ Addition
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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: ______________________ 4/28/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #