

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000061265

Entity Name: PALM HARBOR VISTA, LLC

FILED
Feb 07, 2008
Secretary of State

Current Principal Place of Business:

1360 PEACHTREE STREET, STE. 1000
ATLANTA, GA 30309

New Principal Place of Business:

1100 PEACHTREE STREET, STE. 1500
ATLANTA, GA 30309

Current Mailing Address:

1360 PEACHTREE STREET, STE. 1000
ATLANTA, GA 30309

New Mailing Address:

1100 PEACHTREE STREET, STE. 1500
ATLANTA, GA 30309

FEI Number: 43-2085539

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: PALM HARBOR DEVELOPM, ENT, LLC
Address: 1360 PEACHTREE STREET, STE. 1000
City-St-Zip: ATLANTA, GA 30309

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: PALM HARBOR DEVELOPM, ENT, LLC
Address: 1100 PEACHTREE STREET, STE. 1500
City-St-Zip: ATLANTA, GA 30309

Title: MGR () Change (X) Addition
Name: DE GUARDIOLA, EDUARD
Address: 1100 PEACHTREE ST STE 1500
City-St-Zip: ATLANTA, GA 30309

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: EDUARD DE GUARDIOLA

MGR

02/07/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date