

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Feb 08, 2006 8:00 am
Secretary of State

01-17-2006 90055 010 ****50.00

DOCUMENT # L05000064604 1. Entity Name VISTA CENTER LIMITED, L.L.C.					
Principal Place of Business 1254 S. JOHN YOUNG PARKWAY KISSIMMEE, FL 34741			Mailing Address 1254 S. JOHN YOUNG PARKWAY KISSIMMEE, FL 34741		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 20-3156669	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent CHALIFOUX, THOMAS E JR. 1254 S. JOHN YOUNG PARKWAY KISSIMMEE, FL 34741				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 _____ (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	MGRM CHALIFOUX, THOMAS E JR. 1254 S. JOHN YOUNG PARKWAY KISSIMMEE, FL 34741	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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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"/> Delete			
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.			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
SIGNATURE: _____			Date _____		

ATTACHMENT

30000323



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 23, 2006

VISTA CENTER LIMITED, L.L.C.
1254 S. JOHN YOUNG PARKWAY
KISSIMMEE, FL 34741

Corrected

Subject: VISTA CENTER LIMITED, L.L.C.

Reference Number:

L05000064604

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.

/CC

ANNUAL REPORTS SECTION

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BY:.....