


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 01, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L05000064604</b> 1. Entity Name <b>VISTA CENTER LIMITED, L.L.C.</b>	
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Principal Place of Business <b>1254 S. JOHN YOUNG PARKWAY KISSIMMEE, FL 34741</b>	Mailing Address <b>1254 S. JOHN YOUNG PARKWAY KISSIMMEE, FL 34741</b>
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**DO NOT WRITE IN THIS SPACE**



01182008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number <b>20-3156669</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>CHALIFOUX, THOMAS E JR. 1254 S. JOHN YOUNG PARKWAY KISSIMMEE, FL 34741</b>
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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.

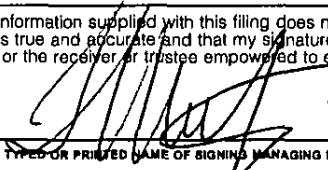
SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)  
Signature, typed or printed name of registered agent and title if applicable. DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

U000000876668  
04/11/08-80082-020 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CHALIFOUX, THOMAS E JR. 1254 S. JOHN YOUNG PARKWAY KISSIMMEE, FL 34741
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TITLE 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 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:**  **Thomas E Chalifoux Jr** **3/28/08** **407-846-0977**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

**DO NOT WRITE IN THIS SPACE**