

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 25, 2006 8:00 am
Secretary of State

04-28-2006 90025 023 ****50.00

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DOCUMENT # L05000088089

1. Entity Name
VISTAZO 89, LLC



Principal Place of Business
**1730 EAST COMMERCIAL BLVD.
FORT LAUDERDALE, FL 33309**

Mailing Address
**1730 EAST COMMERCIAL BLVD.
FORT LAUDERDALE, FL 33309**

00000340



2. Principal Place of Business

3. Mailing Address

2101 W. Commercial Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 2800

City & State

City & State

Fort Lauderdale, FL

Zip

Country

Zip

Country

33309

US

04242008

Chg-LLC

CR2E083 (11/05)

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROBERT S. FORMAN, ESQUIRE
ROBERT S. FORMAN, P.A.
2101 WEST COMMERCIAL BLVD., SUITE 2800
FORT LAUDERDALE, FL 33309**

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 reappointing)

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
SHIMM, KENNETH L
1730 EAST COMMERCIAL BLVD.
FORT LAUDERDALE, FL 33309** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**2101 W. Commercial Blvd. Suite 2800
Ft. Lauderdale, FL 33309** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
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CITY - ST - ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ 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 or trustee empowered to execute this report as required by Chapter 606, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #