


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 20, 2007 8:00 am
Secretary of State

03-20-2007 90139 018 ****50.00

DOCUMENT # L05000088089	
1. Entity Name VISTAZO 89, LLC	

Principal Place of Business 1730 EAST COMMERCIAL BLVD. FORT LAUDERDALE, FL 33309	Mailing Address 2101 WEST COMMERCIAL BLVD SUITE 2800 FORT LAUDERDALE, FL 33309
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2. Principal Place of Business - No P.O. Box # 3700 Airport Road	3. Mailing Address Suite, Apt. #, etc. Suite 401
Suite, Apt. #, etc. Suite 401	Suite, Apt. #, etc.
City & State Boca Raton, FL	City & State
Zip 33431	Country USA



01092007 Chg-LLC CR2E083 (12/06)

4. FEI Number NOT APPLICABLE		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent ROBERT S. FORMAN, ESQUIRE ROBERT S. FORMAN, P.A. 2101 WEST COMMERCIAL BLVD., SUITE 2800 FORT LAUDERDALE, FL 33309		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, 2007**

**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 2101 WEST COMMERCIAL BLVD SUITE 2800 FORT LAUDERDALE, FL 33309 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:

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

Kenneth L. Shimm, Member

Date

Daytime Phone #

3/2/07 561-391-1751