

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000092592

1. Entity Name
VISTA TOWNHOMES, LLC



Principal Place of Business
1809 N.W. 15TH VISTA
BOCA RATON, FL 33432

Mailing Address
1908 N.W. 4TH AVENUE
#112
BOCA RATON, FL 33432

FILED
Jun 11, 2008 08:00 AM
Secretary of State



05282008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3561703

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

MICHAEL C. KLASFELD, P.A.
2424 NE 22ND STREET
POMPANO BEACH, FL 33062

**DO NOT WRITE
IN THIS SPACE**

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 reinstating)

**FILE NOW!!! FEE IS \$138.75
Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

000000925925
06/11/08-80002-005 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	ALMIKE PROPERTIES, A FLORIDA PARTNERSHIP
STREET ADDRESS	2424 NE 22ND STREET
CITY-ST-ZIP	POMPANO BEACH, FL 33062
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

5-29-08

561-3685535

Date

Daytime Phone #