# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Feb 27, 2008 08:00 AM**
**Secretary of State**

DOCUMENT # L05000107986

1. Entity Name
VISTA PROFESSIONAL CENTER IV, LLC

| Principal Place of Business | Mailing Address |
|---|---|
| 5610 PGA BLVD., SUITE 114<br>PALM BEACH GARDENS, FL 33418 | 5610 PGA BLVD., SUITE 114<br>PALM BEACH GARDENS, FL 33418 |

01172008No Chg-LLC CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number
20-3753010
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

SABATELLO, CARL M
5610 PGA BLVD., SUITE 114
PALM BEACH GARDENS, FL 33418

**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 _____ DATE
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**
**After May 1, 2008 Fee will be $538.75**

9. MANAGING MEMBERS/MANAGERS

| | |
|---|---|
| TITLE | MGR |
| NAME | SABATELLO, PAUL T |
| STREET ADDRESS | 5610 PGA BLVD, STE 114 |
| CITY-ST-ZIP | PALM BEACH GARDENS, FL 33418 |
| TITLE | MGR |
| NAME | SABATELLO, MICHAEL |
| STREET ADDRESS | 5610 PGA BLVD, STE 114 |
| CITY-ST-ZIP | PALM BEACH GARDENS, FL 33418 |
| TITLE | MGR |
| NAME | SABATELLO, THEODORE |
| STREET ADDRESS | 5610 PGA BLVD, STE 114 |
| CITY-ST-ZIP | PALM BEACH GARDENS, FL 33418 |
| TITLE | |
| NAME | |
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| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

U00000841608
03/10/08-80024-011 138.75

**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:** CARL M. SABATELLO 1/21/08 5616267600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #