

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90225 004 ***138.75

DOCUMENT # L05000110905

1. Entity Name
VISTAR INVESTORS, LLC



Principal Place of Business
**5728 MAJOR BLVD., SUITE 601
ORLANDO, FL 32819**

Mailing Address
**5728 MAJOR BLVD., SUITE 601
ORLANDO, FL 32819**

00000000



2. Principal Place of Business - No P.O. Box #
7932 W. Sand Lake Rd.

3. Mailing Address
7932 W. Sand Lake Rd.

Suite, Apt., etc.
Suite 300

Suite, Apt., etc.
Suite 300

03112008 Chg-LLC CR2E083 (12/06)

City
Orlando, FL

City
Orlando, FL

4. FEI Number
06-1760665

Applied For
Not Applicable

Zip
32819

Country

Zip
32819

Country

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

6. Name and Address of Current Registered Agent

**HODGE, RANDALL R
5728 MAJOR BLVD., SUITE 601
ORLANDO, FL 32819**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

7932 W. Sand Lake Rd. Ste 300

City **Orlando, FL 32819**

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 reinstating)

DATE

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

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
MGR ☐ Delete
NAME
KHATIB, RASHID A
STREET ADDRESS
5728 MAJOR BLVD., SUITE 601
CITY-ST-ZIP
ORLANDO, FL 32819

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
7932 W. Sand Lake Rd. Ste 300
CITY-ST-ZIP
Orlando, FL 32819

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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:

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

Date

Daytime Phone #

4/16/08 407-354-2200