

# **2006 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000112042

**FILED**  
**Oct 09, 2006**  
**Secretary of State**

**Entity Name:** VISTA POINT VENTURE PARTNERS, LLC

**Current Principal Place of Business:**

4685 MERITAGE ESTATES  
GILROY, CA 95020 US

**New Principal Place of Business:**

**Current Mailing Address:**

4685 MERITAGE ESTATES  
GILROY, CA 95020 US

**New Mailing Address:**

**FEI Number:** 56-2544744

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LAVENDER, KYLE  
873 WEST BAY DRIVE  
SUITE 105  
LARGO, FL 33770 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:** KYLE LAVENDER

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM ( ) Delete  
**Name:** PATTERSON, FRANK  
**Address:** 4685 MERITAGE ESTATES  
**City-St-Zip:** GILROY, CA 95020 US

**Title:** MGRM ( ) Delete  
**Name:** PATTERSON, LUPE  
**Address:** 4685 MERITAGE ESTATES  
**City-St-Zip:** GILROY, CA 95020 US

**ADDITIONS/CHANGES:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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:** FRANK PATTERSON

MR.

10/09/2006

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date