

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT


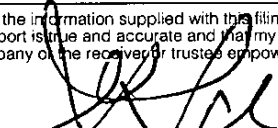
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Secretary of State

04-17-2006 90037 016 ****50.00

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04072006 Chg-LLC CR2E083 (11/05)

DOCUMENT # L05000115709							
1. Entity Name MOUNTAIN CREEK VISTAS, LLC							
Principal Place of Business 2200 NW CORPORATE BLVD. SUITE 401 BOCA RATON, FL 33431			Mailing Address 2200 NW CORPORATE BLVD. SUITE 401 BOCA RATON, FL 33431				
2. Principal Place of Business			3. Mailing Address				
Suite, Apt. #, etc.			Suite, Apt. #, etc.				
City & State			City & State				
Zip	Country	Zip	Country	4. FEI Number 20-3892328			
				Applied For <input type="checkbox"/> Not Applicable			
				5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
SCHILIAN, GERALD 2200 NW CORPORATE BLVD. SUITE 401 BOCA RATON, FL 33431			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
Filing Fee is \$50.00 Due by May 1, 2006				Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES				
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	S&W PROPERTY INVESTMENTS, LLC	NAME					
STREET ADDRESS	2200 NW CORPORATE BLVD., SUITE 401	STREET ADDRESS					
CITY-ST-ZIP	BOCA RATON, FL 33431	CITY-ST-ZIP					
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	DAVID DWECK, P.A.	NAME					
STREET ADDRESS	7040 W. PALMETTO PARK BLVD., #4-225	STREET ADDRESS					
CITY-ST-ZIP	BOCA RATON, FL 33433	CITY-ST-ZIP					
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	PROGRESSIVE INVESTING, LLC	NAME					
STREET ADDRESS	32 ASHVILLE HIGHWAY	STREET ADDRESS					
CITY-ST-ZIP	SYLVA, NC 28779	CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME		NAME					
STREET ADDRESS		STREET ADDRESS					
CITY-ST-ZIP		CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME		NAME					
STREET ADDRESS		STREET ADDRESS					
CITY-ST-ZIP		CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME		NAME					
STREET ADDRESS		STREET ADDRESS					
CITY-ST-ZIP		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: 		GERALD SCHILIAN MGRM		4/17/06 561-994-8830			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date Daytime Phone #			