

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Mar 19, 2007 8:00 am
Secretary of State

03-08-2007 90193 008 ****50.00

DOCUMENT # L06000109591 1. Entity Name TSL BAY VISTA, LLC					
Principal Place of Business 6530 WEST ROGERS CIRCLE, SUITE #31 BOCA RATON, FL 33487			Mailing Address 6530 WEST ROGERS CIRCLE, SUITE #31 BOCA RATON, FL 33487		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-593 8821	
5. Certificate of Status Desired ☐				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent HOUK, JANE A 150 WEST FLAGLER STREET, SUITE 2200 MIAMI, FL 33131			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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 re-issuing)		
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MANAGER SEAN M LEDER 6530 WEST ROGERS CIRCLE #31 BOCA RATON, FL 33487		☐ Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MANAGING MEMBER NATALIE M LEDER 6530 WEST ROGERS CIRCLE #31 BOCA RATON, FL 33487		☐ Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		☐ Change ☐ Addition		
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: <u>Sean M Leder</u> 561-995-7878 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					

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