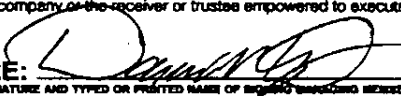


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-11-2007 90159 012 \*\*\*\*50.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                   |                                                                                                           |                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # L06000117413</b><br>1. Entity Name<br><b>VISTANOW LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                   |                                                                                                           |                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |
| Principal Place of Business<br><b>11476 PINE STREET<br/>JACKSONVILLE, FL 32258 US</b>                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                   |                                                                                                           | Mailing Address<br><b>11476 PINE STREET<br/>JACKSONVILLE, FL 32258 US</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |
| 2. Principal Place of Business - No P.O. Box #<br><br>Suite, Apt. #, etc.<br><br>City & State<br><br>Zip                      Country                                                                                                                                                                                                                                                                                                                                                                    |                                                                                   | 3. Mailing Address<br><br>Suite, Apt. #, etc.<br><br>City & State<br><br>Zip                      Country |                                                                           | <div style="text-align: center;">  </div> <div style="display: flex; justify-content: space-between; font-size: small;"> <span>04082007    Chg-LLC    CR2E083 (12/06)</span> </div> <div style="display: flex; justify-content: space-between; align-items: center;"> <div>             4. FEI Number<br/> <b>56-2627854</b> </div> <div style="border: 1px solid black; padding: 2px;">             Applied For<br/> <input type="checkbox"/> Not Applicable           </div> </div> <div>             5. Certificate of Status Desired    <input type="checkbox"/>    <b>\$5.00</b> Additional Fee Required           </div> |  |
| 6. Name and Address of Current Registered Agent<br><br><b>CORPORATION SERVICE COMPANY<br/>1201 HAYS STREET<br/>TALLAHASSEE, FL 32301</b>                                                                                                                                                                                                                                                                                                                                                                 |                                                                                   |                                                                                                           |                                                                           | 7. Name and Address of New Registered Agent<br><br>Name<br><br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City <b>FL</b> 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.<br><br>SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renouncing) DATE _____</small>                                                                              |                                                                                   |                                                                                                           |                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2007</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                   |                                                                                                           |                                                                           | <b>Make check payable to<br/>Florida Department of State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                   |                                                                                                           | <b>10. ADDITIONS/CHANGES</b>                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |
| <small>TITLE</small><br><small>NAME</small><br><small>STREET ADDRESS</small><br><small>CITY - ST - ZIP</small>                                                                                                                                                                                                                                                                                                                                                                                           | <b>MGRM<br/>DUDLEY, DANIEL P<br/>11476 PINE STREET<br/>JACKSONVILLE, FL 32258</b> | <input type="checkbox"/> Delete                                                                           |                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |
| <small>TITLE</small><br><small>NAME</small><br><small>STREET ADDRESS</small><br><small>CITY - ST - ZIP</small>                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                   | <input type="checkbox"/> Delete                                                                           |                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |
| <small>TITLE</small><br><small>NAME</small><br><small>STREET ADDRESS</small><br><small>CITY - ST - ZIP</small>                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                   | <input type="checkbox"/> Delete                                                                           |                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |
| <small>TITLE</small><br><small>NAME</small><br><small>STREET ADDRESS</small><br><small>CITY - ST - ZIP</small>                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                   | <input type="checkbox"/> Delete                                                                           |                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |
| <small>TITLE</small><br><small>NAME</small><br><small>STREET ADDRESS</small><br><small>CITY - ST - ZIP</small>                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                   | <input type="checkbox"/> Delete                                                                           |                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |
| <small>TITLE</small><br><small>NAME</small><br><small>STREET ADDRESS</small><br><small>CITY - ST - ZIP</small>                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                   | <input type="checkbox"/> Delete                                                                           |                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |
| <small>TITLE</small><br><small>NAME</small><br><small>STREET ADDRESS</small><br><small>CITY - ST - ZIP</small>                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                   | <input type="checkbox"/> Delete                                                                           |                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |
| <small>TITLE</small><br><small>NAME</small><br><small>STREET ADDRESS</small><br><small>CITY - ST - ZIP</small>                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                   | <input type="checkbox"/> Delete                                                                           |                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |
| 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. |                                                                                   |                                                                                                           |                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |
| <b>SIGNATURE:</b>                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                   |                                                                                                           | <b>4/6/07 (904) 613-0737</b>                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small><br><b>DANIEL P. DUDLEY</b>                                                                                                                                                                                                                                                                                                                                                               |                                                                                   |                                                                                                           |                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |