

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000038847

FILED  
Feb 21, 2008  
Secretary of State

Entity Name: ROYALE VISTA PROPERTIES, LLC

## Current Principal Place of Business:

517 PAUL MORRIS DRIVE  
SUITE A2  
ENGLEWOOD, FL 34223 US

## New Principal Place of Business:

## Current Mailing Address:

517 PAUL MORRIS DRIVE  
SUITE A2  
ENGLEWOOD, FL 34223 US

## New Mailing Address:

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ARCHER, JOHN C  
1620 PLACIDA ROAD  
SUITE B  
ENGLEWOOD, FL 34223 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:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: CURTIS, CLAUDETTE E  
Address: 517 PAUL MORRIS DRIVE, SUITE A2  
City-St-Zip: ENGLEWOOD, FL 34223 US

Title: MGRM ( ) Delete  
Name: CURTIS, DOUGLAS C  
Address: 517 PAUL MORRIS DRIVE, SUITE A2  
City-St-Zip: ENGLEWOOD, FL 34223 US

Title: MGRM ( ) Delete  
Name: TRUEX, WILLIAM  
Address: 517 PAUL MORRIS DRIVE, SUITE A2  
City-St-Zip: ENGLEWOOD, FL 34223 US

Title: MGRM ( ) Delete  
Name: TRUEX, ANDREA  
Address: 517 PAUL MORRIS DRIVE, SUITE A2  
City-St-Zip: ENGLEWOOD, FL 34223 US

Title: MGRM ( ) Delete  
Name: DONZANTI, ALBERT  
Address: 517 PAUL MORRIS DRIVE, SUITE A2  
City-St-Zip: ENGLEWOOD, FL 34223 US

Title: MGRM ( ) Delete  
Name: DONZANTI, PATRICIA  
Address: 517 PAUL MORRIS DRIVE, SUITE A2  
City-St-Zip: ENGLEWOOD, FL 34223

## ADDITIONS/CHANGES:

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

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

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

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

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 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: CLAUDETTE E CURTIS

MGR

02/21/2008

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