

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000054029

FILED  
Apr 26, 2008  
Secretary of State

Entity Name: EAGLE VISTAS LLC

**Current Principal Place of Business:**

18502 TRANQUILITY BASE LN  
PORT ST LUCIE, FL 34987 US

**New Principal Place of Business:**

**Current Mailing Address:**

18502 TRANQUILITY BASE LN  
PORT ST LUCIE, FL 34987 US

**New Mailing Address:**

FEI Number: 26-0254086

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SHIRLEY, BEVERLY  
18502 TRANQUILITY BASE LN  
PORT ST LUCIE, FL 34987 US

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

BERRY, BEVERLY  
18502 TRANQUILITY BASE LN  
PORT ST LUCIE, FL 34987 US

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: BEVERLY BERRY

04/26/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: SHIRLEY, BEVERLY  
Address: 18502 TRANQUILITY BASE LN  
City-St-Zip: PORT ST LUCIE, FL 34987 US

Title: MGRM ( ) Delete  
Name: BERRY, RANDY  
Address: 18502 TRANQUILITY BASE LN  
City-St-Zip: PORT ST LUCIE, FL 34987 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: BERRY, BEVERLY  
Address: 18502 TRANQUILITY BASE LN  
City-St-Zip: PORT ST LUCIE, FL 34987 US

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: BEVERLY BERRY

MGRM

04/26/2008

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