

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000080005

Entity Name: VISTA OCEAN, LLC

FILED
Jan 15, 2008
Secretary of State

Current Principal Place of Business:

1825 BUSINESS PARK BLVD., SUITE A
DAYTONA BEACH, FL 32114

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 12159
DAYTONA BEACH, FL 321202159

New Mailing Address:

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BURNETT, RANDOM R
1825 BUSINESS PARK BLVD., SUITE A
DAYTONA BEACH, FL 32114 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: MGRM () Delete
Name: BURNETT, RANDOM R
Address: 1825 BUSINESS PARK BLVD., SUITE A
City-St-Zip: DAYTONA BEACH, FL 32114

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: MGRM () Change (X) Addition
Name: FRANCE, BRIAN Z
Address: 1801 WEST INTERNATIONAL SPEEDWAY BLVD.
City-St-Zip: DAYTONA BEACH, FL 321141243 US

Title: MGRM () Change (X) Addition
Name: CATON, REX
Address: 1801 WEST INTERNATIONAL SPEEDWAY BLVD
City-St-Zip: DAYTONA BEACH, FL 321141243 US

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: RANDOM R BURNETT

MGRM

01/15/2008

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