2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2009
Secretary of State

DOCUMENT# L07000084849

Entity Name: SUN VISTA VILLAS, LLC

Current Principal Place of Business:

2063 KIMBERWICKLE CIRCLE
OVIEDO, FL 32765

New Principal Place of Business:

2063 KIMBERWICKE CIRCLE
OVIEDO, FL 32765

Current Mailing Address:

2063 KIMBERWICKLE CIRCLE
OVIEDO, FL 32765

New Mailing Address:

2063 KIMBERWICKE CIRCLE
OVIEDO, FL 32765

FEI Number: 26-0843249 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WRIGHT, RANDY A
2063 KIMBERWICKLE CIRCLE
OVIEDO, FL 32765 US

Name and Address of New Registered Agent:

WRIGHT, RANDY A
2063 KIMBERWICKE CIRCLE
OVIEDO, FL 32765 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: 04/28/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: WRIGHT, RANDY A
Address: 2063 KIMBERWICKLE CIRCLE
City-St-Zip: OVIEDO, FL 32765

Title: MGRM ( ) Delete
Name: WRIGHT, KATHRYN E
Address: 2063 KIMBERWICKLE CIRCLE
City-St-Zip: OVIEDO, FL 32765

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: WRIGHT, RANDY A
Address: 2063 KIMBERWICKE CIRCLE
City-St-Zip: OVIEDO, FL 32765

Title: MGRM (X) Change ( ) Addition
Name: WRIGHT, KATHRYN E
Address: 2063 KIMBERWICKE CIRCLE
City-St-Zip: OVIEDO, FL 32765

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: RANDY A. WRIGHT MGRM 04/28/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date