

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000022747

Entity Name: VISTA FX TRADER, LLC

FILED
Apr 30, 2009
Secretary of State

Current Principal Place of Business:

147 BLUE BIRD DR
N. FORT MYERS, FL 33917

New Principal Place of Business:

147 BLUE BEARD DR
N. FORT MYERS, FL 33917

Current Mailing Address:

P.O. BOX 3827
N. FORT MYERS, FL 33918

New Mailing Address:

FEI Number: 26-2081485

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NYMAN, BENGT C
147 BLUE BIRD DR
N. FORT MYERS, FL 33917 US

Name and Address of New Registered Agent:

NYMAN, BENGT C
147 BLUE BEARD DR
N. FORT MYERS, FL 33917 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:

04/30/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: NYMAN, DIANE R
Address: 147 BLUE BIRD DR
City-St-Zip: N. FORT MYERS, FL 33917 US

Title: MGR () Delete
Name: NYMAN, BENGT C
Address: 147 BLUE BIRD DR
City-St-Zip: N. FORT MYERS, FL 33917 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: NYMAN, DIANE R
Address: 147 BLUE BEARD DR
City-St-Zip: N. FORT MYERS, FL 33917 US

Title: MGR (X) Change () Addition
Name: NYMAN, BENGT C
Address: 147 BLUE BEARD DR
City-St-Zip: N. FORT MYERS, FL 33917 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: BENGT C NYMAN

MGRM

04/30/2009

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