

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000029725

FILED
Feb 14, 2009
Secretary of State

Entity Name: VISTA VIEW CABINS, LLC.

Current Principal Place of Business:

4311 SE 96 DR.
GAINESVILLE, FL 32608 US

New Principal Place of Business:

4311 SW 96 DR.
GAINESVILLE, FL 32608 US

Current Mailing Address:

4311 SE 96 DR.
GAINESVILLE, FL 32608 US

New Mailing Address:

4311 SW 96 DR.
GAINESVILLE, FL 32608 US

FEI Number: 26-2249302

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TELFORD, JOHN
4311 SE 96 DR.
GAINESVILLE, FL 32608 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: TELFORD, JOHN
Address: 4311 SE 96 DR.
City-St-Zip: GAINESVILLE, FL 32608 US

Title: MGRM () Delete
Name: TELFORD, TOM JR.
Address: 3165 LECONTE AVE
City-St-Zip: ATLANTA, GA 30319 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: TELFORD, JOHN
Address: 4311 SW 96 DR.
City-St-Zip: GAINESVILLE, FL 32608 US

Title: MGR (X) Change () Addition
Name: TELFORD, TOM JR.
Address: 3165 LECONTE AVE
City-St-Zip: ATLANTA, GA 30319 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: JOHN T TELFORD, SR.

MGMR

02/14/2009

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