

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000104310

Entity Name: 2127 VISTA COVE, LLC

FILED
Jan 08, 2009
Secretary of State

Current Principal Place of Business:

160 GREENFIELD DRIVE
ST. JOHNS, FL 32259

New Principal Place of Business:

Current Mailing Address:

160 GREENFIELD DRIVE
ST. JOHNS, FL 32259

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LANGSTON, CHRISTINA
160 GREENFIELD DRIVE
ST. JOHNS, FL 32259 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: LANGSTON, CHRISTINA
Address: 160 GREENFIELD DRIVE
City-St-Zip: ST. JOHNS, FL 32259

Title: MGRM () Delete
Name: HALLETT, KATHERINE
Address: 104 TOLL GATE CIRCLE
City-St-Zip: HUNTSVILLE, AL 35801

Title: MGRM () Delete
Name: MACDONALD, HEATHER
Address: 201 S. ELDEN ST APT 1
City-St-Zip: FLAGSTAFF, AZ 86001

ADDITIONS/CHANGES:

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

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

Title: MGRM (X) Change () Addition
Name: MACDONALD, HEATHER
Address: 8528 MOODY CANAL ROAD
City-St-Zip: ST. AUGUSTINE, FL 32092

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: CHRISTINA LANGSTON

MGRM

01/08/2009

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