

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000070601

**FILED**  
**Apr 14, 2012**  
**Secretary of State**

**Entity Name:** VISTA OAKS PARTNERS, L.L.C.

**Current Principal Place of Business:**

429 VISTA OAK DRIVE  
LONGWOOD, FL 32779 US

**New Principal Place of Business:**

**Current Mailing Address:**

429 VISTA OAK DRIVE  
LONGWOOD, FL 32779 US

**New Mailing Address:**

**FEI Number:** 27-0615146

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LEFKOWITZ, IVAN M  
430 N MILLS AVE  
SUITE 4  
ORLANDO, FL 32803 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  
**Name:** SHANMUGHAM, SAMPATHKUMAR  
**Address:** 429 VISTA OAK DRIVE  
**City-St-Zip:** LONGWOOD, FL 32779 US

**Title:** MGR  
**Name:** SAMPATHKUMAR, SARASWATHI  
**Address:** 429 VISTA OAK DRIVE  
**City-St-Zip:** LONGWOOD, FL 32779 US

**Title:** MGR  
**Name:** ABILA, SAMPATHKUMAR  
**Address:** 114 VISTA VERDI CIRCLE, APT#112  
**City-St-Zip:** LAKE MARY, FL 32746 US

**Title:** MGR  
**Name:** VIMAL, SAMPATHKUMAR  
**Address:** 429 VISTA OAK DRIVE  
**City-St-Zip:** LONGWOOD, FL 32779 US

I hereby 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:** SAMPATHKUMAR SHANMUGHAM

MGRM

04/14/2012

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