



2nd and FINAL NOTICE: File on or before Sept. 29, 1999 or Limited Liability Company will be dissolved.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
FILING FEE \$ 588.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee + \$400.00 Late Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE	
1 Name and Mailing Address of Limited Liability Company DOCUMENT # L98000002698 VISTA PARTNERS, LLC 15 PARADISE PLACE, SUITE 186 SARASOTA FL 34239		1a. Principal Place of Business Address 15 PARADISE PLACE, SUITE 186 SARASOTA FL 34239	
2 Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
3. Date Organized or Qualified 11/16/1998		3a. State of Formation FL	
4. FEI Number 650880134		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Date of Last Report		6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent KLEIN, WILLIAM R ESQ. 1900 MAIN ST., SUITE 210 SARASOTA FL 34236		8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Zip Code FL	
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.			
SIGNATURE _____		DATE _____	
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when resigning)			
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	HARABURDA, RUSSELL F	15 PARADISE PLACE, SUITE 1	SARASOTA FL
			2000003005912--3 -10/05/99--01075--009 ****588.75 ****588.75 62 9-30-99
11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my 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; and that my name appears in Block 10, or on an attachment with an address			
SIGNATURE: 			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER			
Date Daytime Phone #			