

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90103 026 ****50.00

DOCUMENT # L99000001099

1. Entity Name
VISTA DEL LAGO, L.L.C.



Principal Place of Business
8687 W IRLO BRONSON MEM HWY
STE 200
KISSIMMEE, FL 34747

Mailing Address
8687 W IRLO BRONSON MEM HWY
STE 200
KISSIMMEE, FL 34747

20052275



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02112005 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number
59-3578665

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VASON, ROBERT E JR., PA
501 EAST FIFTH AVE.
MOUNT DORA, FL 32756

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME MGRM PETERSON INVESTMENTS, LTD. ☐ Delete
STREET ADDRESS 1145 EAST LIVINGSTON STREET
CITY-ST-ZIP ORLANDO, FL 32802

TITLE NAME ☒ Change ☐ Addition
STREET ADDRESS 8687 W. Irlo Bronson Mem. Hwy. STE 200
CITY-ST-ZIP Kissimmee, FL 34747

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

11. I 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 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.

SIGNATURE: *William N. Leary*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2/15/05

Date

407-597-3100

Daytime Phone #