

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 16, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # M07000006652

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



Principal Place of Business

840 EAST OAKLAND PARK BLVD., SUITE 110  
FT. LAUDERDALE, FL 33308

Mailing Address

840 EAST OAKLAND PARK BLVD., SUITE 110  
FT. LAUDERDALE, FL 33308



01102008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

20-8919881

Applied For

Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

COHN, ALAN B ESQ.  
100 WEST CYPRESS CREEK ROAD  
FT. LAUDERDALE, FL 33309

**DO NOT WRITE  
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	CHESS, AMOS
STREET ADDRESS	840 EAST OAKLAND PARK BLVD., SUITE 110
CITY-ST-ZIP	FT. LAUDERDALE, FL 33308

TITLE	MGRM
NAME	ZAMIR, ELISHA
STREET ADDRESS	840 EAST OAKLAND PARK BLVD., SUITE 110
CITY-ST-ZIP	FT. LAUDERDALE, FL 33308

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**

ELISHA ZAMIR

1/16/08

954 565 5501

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

Date

Daytime Phone #