

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000031647

Entity Name: 521 BUENA VISTA, LLC

FILED  
Apr 25, 2006  
Secretary of State

**Current Principal Place of Business:**

4928 JULIANA RESERVE DRIVE  
AUBURNDALE, FL 33823

**New Principal Place of Business:**

**Current Mailing Address:**

4928 JULIANA RESERVE DRIVE  
AUBURNDALE, FL 33823

**New Mailing Address:**

FEI Number: 20-2599813

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

O'LEARY, D. MICHAEL  
101 E. KENNEDY BLVD., SUITE 2700  
TAMPA, FL 33602 US

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

MCFARLAND, JOSEPH B  
7087 GRAND NATIONAL DRIVE  
100  
ORLANDO, FL 32819 US

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: JOSEPH B. MCFARLAND

04/25/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGR ( ) Change (X) Addition  
Name: MCFARLAND, JOSEPH B  
Address: 4928 JULIANA RESERVE DRIVE  
City-St-Zip: AUBURNDALE, FL 33823 US

Title: MGR ( ) Change (X) Addition  
Name: LIPPOLD, MONIKA M  
Address: 4928 JULIANA RESERVE DRIVE  
City-St-Zip: AUBURNDALE, FL 33823 US

I hereby certify that the information supplied with this filing does not qualify for the 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: JOSEPH B. MCFARLAND

MGR

04/25/2006

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