

5/1.

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # L00000009079**

1. Entity Name

**BUENA VISTA HOSPITALITY DEVELOPMENT PARTNERS, LC**

Principal Place of Business

**235 SOUTH MAITLAND AVENUE, SUITE 216  
MAITLAND FL 32751**

Mailing Address

**235 SOUTH MAITLAND AVENUE, SUITE 216  
MAITLAND FL 32751**

2. Principal Place of Business

**5 Oneida lane**  
Suite, Apt. #, etc.

3. Mailing Address

**5 Oneida lane**  
Suite, Apt. #, etc.

City &amp; State

**Sea Ranch Lakes**  
ZipCountry  
**USA**

City &amp; State

**Sea Ranch Lakes**  
ZipCountry  
**USA**4. FEI Number **APPLIED FOR****59-306 3872**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**WALKER, BERRY J ESQUIRE  
235 MAITLAND AVENUE SOUTH, SUITE 216  
MAITLAND FL 32751**

7. Name and Address of New Registered Agent

Name **Mary Farniz**Street Address (P.O. Box Number is Not Acceptable)  
**5 Oneida lane**City **FL land**

FL

Zip Code  
**33308**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**3/5/02****FILE NOW!!! FEE IS \$50.00****Make Check Payable to Department of State  
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM KRYSTOFF, JERROLD 1007 NORTH FEDERAL HIGHWAY, SUITE 125 FORT LAUDERDALE FL 33304</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM WALKER, BERRY J JR. 235 SOUTH MAITLAND AVENUE, SUITE 216 MAITLAND FL 32751</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

**SIGNATURE REQUIRED**

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

Date

Daytime Phone #

**4.29.02 954.942224****FILED  
Jun 18, 2002 8:00 am  
Secretary of State**

05-13-2002 90206 041 \*\*\*\*50.00



DO NOT WRITE IN THIS SPACE

CR2E063 (9/01)