

**\*AMENDED\***  
**2002 UNIFORM BUSINESS REPORT (UBR)**

09-04-2002 90095 025 \*\*\*\*50.00

**DOCUMENT # L00000009079**

1. Entity Name

**BUENA VISTA HOSPITALITY DEVELOPMENT PARTNERS, LC**

L00000009079

**FILED**

**02 OCT 10 PM 3:46**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**59-3663872**

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 MATLAND AVENUE SOUTH, SUITE 216  
MATLAND FL 32751**

7. Name and Address of New Registered Agent

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

*BERRY J. WALKER* **BERRY J. WALKER**

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

(NOTE: Registered Agent signature required when reinstating)

**9/2/02**  
Date

**FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State  
Due By September 25, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
KRYSTOFF, JERROLD  
1007 NORTH FEDERAL HIGHWAY, SUITE 125  
FORT LAUDERDALE FL 33304** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
WALKER, BERRY J JR.  
235 SOUTH MATLAND AVENUE, SUITE 216  
MATLAND FL 32751** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**AMENDED** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**2002** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**UBR** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**UBR** ☐ Delete

10. ADDITIONS/CHANGES

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

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

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

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

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

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

CR2E083 (4/02)

11. I hereby certify that the information supplied with this filing 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:

*BERRY J. WALKER, JR.* **BERRY J. WALKER, JR., MANAGER**

**9/2/02**

**407-644-6535**

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

Date

Daytime Phone #