2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # L00000009079

1. Entity Name
BUENA VISTA HOSPITALITY DEVELOPMENT PARTNERS, LC

Principal Place of Business	Mailing Address
1053 MAITLAND CTR COMMONS BLVD STE 200 MAITLAND, FL 32751	1053 MAITLAND CTR COMMONS BLVD STE 200 MAITLAND, FL 32751

DO NOT WRITE IN THIS SPACE

04112006No Chg-LLC CR2E083 (11/05)

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 ESQ.
1053 MAITLAND CTR COMMONS BLVD STE 200
MAITLAND, FL 32751

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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 WALKER 4/28/2006
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, 2006

U00000559642
05/18/06-80009-001 400.00

9.	MANAGING MEMBERS/MANAGERS
TITLE	~~MGRM~~
NAME	~~KRYSTOFF, JERROLD~~
STREET ADDRESS	~~1007 NORTH FEDERAL HIGHWAY, SUITE 123~~
CITY-ST-ZIP	~~FORT LAUDERDALE, FL 33304~~
TITLE	MGRM
NAME	WALKER, BERRY J JR.
STREET ADDRESS	1053 MAITLAND CTR COMMONS BLVD STE 200
CITY-ST-ZIP	MAITLAND, FL 32751
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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.*

407-478-1/2

SIGNATURE: BERRY WALKER, MANAGER 4/28/2006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #