

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 92176 005 \*\*\*\*50.00

0005158

**DOCUMENT # L00000009079**

1. Entity Name

**BUENA VISTA HOSPITALITY DEVELOPMENT PARTNERS, LC**



Principal Place of Business

Mailing Address

~~295 SOUTH MAITLAND AVE., SUITE 210~~  
~~MAITLAND FL 32751~~

~~295 SOUTH MAITLAND AVE., SUITE 210~~  
~~MAITLAND FL 32751~~

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WALKER, BERRY J ESQ.**

~~295 SOUTH MAITLAND AVE., SUITE 210~~  
~~MAITLAND FL 32751~~

Name

Street Address (P.O. Box Number is Not Acceptable)

**1053 Maitland Center Commons Blvd. Ste. 200**

City

**Maitland**

FL

Zip Code

**32751**

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 \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM**  
**WALKER, BERRY J JR.**  
~~**295 SOUTH MAITLAND AVENUE, SUITE 210**~~  
~~**MAITLAND FL 32751**~~

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition  
**1053 Maitland Center Commons Blvd., Ste. 200**  
**Maitland, FL 32751**

TITLE  
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STREET ADDRESS  
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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

**4/29/03 407-478,1866**  
Date Daytime Phone #

CR2E083 (10/02)