

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 13, 2003 8:00 am**  
**Secretary of State**

01-13-2003 90574 006 \*\*\*\*50.00

**DOCUMENT # L00000014438**

1. Entity Name  
**BUENA VISTA DEVELOPMENT, LLC**



Principal Place of Business  
**5700 LAKE WORTH ROAD  
SUITE 211  
LAKE WORTH FL 33414**

Mailing Address  
**5700 LAKE WORTH ROAD  
SUITE 211  
LAKE WORTH FL 33414**

2. Principal Place of Business  
**5700 LAKE WORTH RD**

3. Mailing Address  
**5700 LAKE WORTH RD.**

Suite, Apt. #, etc.  
**211**

City & State  
**LAKE WORTH, FLORIDA**



CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1063581** Applied For   
Not Applicable

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

6. Name and Address of Current Registered Agent

**ANDRADE, ALFONSO  
15605 OCEAN BREEZE LANE  
WELLINGTON FL 33414**

7. Name and Address of New Registered Agent

Name **ANDRADE ALFONSO**

Street Address (P.O. Box Number is Not Acceptable)  
**13755 GREENTREE TRAIL**

City **WELLINGTON** FL Zip Code **33414**

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 \_\_\_\_\_ (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	<b>PTNR ANDRADE, ALFONSO 13755 GREENTREE TRAIL WELLINGTON FL 33414</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PTNR PUENTE, RAUL 3782 MOON BAY CIRCLE WELLINGTON FL 33414</b> <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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]* **RAUL A. PUENTE** **01/10/03** **561-968-8869**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

00271-01  
CR2E083 (10/02)