

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 25, 2005 8:00 am
Secretary of State

DOCUMENT # L01000007069

1. Entity Name
BUENAVISTA HG - SUNSPREE BEVERAGE, LLC



Principal Place of Business
2910 WEST BAY TO BAY BLVD.
SUITE 200
TAMPA, FL 33629

Mailing Address
2910 WEST BAY TO BAY BLVD.
SUITE 200
TAMPA, FL 33629

02-14-2005 90176 046 ****50.00
07-25-2005 90040 034 ****50.00



06302005 No Chg-LLC

CR2E083 (10/03)

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4. FEI Number
59-3720527

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

O'NEIL, ALBERT C
101 EAST KENNEDY BLVD.
SUITE 2700
TAMPA, FL 33601

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IN THIS SPACE**

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 _____

**Filing Fee is \$50.00
Due by September 7, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE P
NAME STOLZ, BOB
STREET ADDRESS 5700 COVE DR
CITY-ST-ZIP ORLANDO, FL 328122817

TITLE V
NAME MOREL, FLORIAN
STREET ADDRESS 8254 LISBON CT
CITY-ST-ZIP ORLANDO, FL 32836

TITLE ST
NAME KENNEDY, DAVID
STREET ADDRESS 5718 GORDON AVE
CITY-ST-ZIP TAMPA, FL 33611

TITLE V
NAME HEINTZ, DONALD
STREET ADDRESS 203 COVE LAKE DR
CITY-ST-ZIP LONGWOOD, FL 32779

TITLE V
NAME WRIGHT, COLIN
STREET ADDRESS 115 CORAL CAY DR
CITY-ST-ZIP WEST PALM BEACH, FL 33418

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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

Date

Daytime Phone #

7/14/05 (813) 221-7535