

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L01000007069

1. Entity Name
BUENAVISTAHG - 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

FILED
Apr 24, 2006 08:00 AM
Secretary of State



04042006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

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

**DO NOT WRITE
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 May 1, 2006**

1100000530753
05/06/06-80011-006 200.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STOLZ, BOB 5700 COVE DR ORLANDO, FL 328122817
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MOREL, FLORIAN 8254 LISBON CT ORLANDO, FL 32836
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HEINTZ, DONALD 203 COVE LAKE DR LONGWOOD, FL 32779
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WRIGHT, COLIN 115 CORAL CAY DR WEST PALM BEACH, FL 33418
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 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.

SIGNATURE:

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

Don Heintz

Date

Daytime Phone #

4-11-06

813-221-7538