

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 17, 2008 8:00 am
Secretary of State

03-17-2008 90263 007 ***138.75

DOCUMENT # L01000007069

1. Entity Name

BUENAVISTAHG - SUNSPREE BEVERAGE, LLC



Principal Place of Business

10100 INTERNATIONAL DR
SUITE 2001
ORLANDO, FL 32821

Mailing Address

10100 INTERNATIONAL DR
SUITE 2001
ORLANDO, FL 32821

60015294



01252008 No Chg-LLC

CR2E083 (12/07)

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

FROST, MICHAEL
10100 INTERNATIONAL DR
SUITE 2001
ORLANDO, FL 32821

**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 _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE	P
NAME	STOLZ, BOB
STREET ADDRESS	10100 INTERNATIONAL DR SUITE 2001
CITY-ST-ZIP	ORLANDO, FL 32821
TITLE	V
NAME	MOREL, FLORIAN
STREET ADDRESS	10100 INTERNATIONAL DR SUITE 2001
CITY-ST-ZIP	ORLANDO, FL 32821
TITLE	V
NAME	HEINTZ, DONALD
STREET ADDRESS	10100 INTERNATIONAL DR SUITE 2001
CITY-ST-ZIP	ORLANDO, FL 32821
TITLE	V
NAME	WRIGHT, COLIN
STREET ADDRESS	10100 INTERNATIONAL DR SUITE 2001
CITY-ST-ZIP	ORLANDO, FL 32821
TITLE	P
NAME	FROST, MICHAEL
STREET ADDRESS	10100 INTERNATIONAL DR SUITE 2001
CITY-ST-ZIP	ORLANDO, FL 32821
TITLE	C
NAME	JENKINS, DONNA K
STREET ADDRESS	10100 INTERNATIONAL DR SUITE 2001
CITY-ST-ZIP	ORLANDO, FL 32821

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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

2/28/08

Date

Daytime Phone #