

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 19, 2004 8:00 am
Secretary of State

03-19-2004 90273 050 ****50.00

DOCUMENT # L02000006596

1. Entity Name

BUENA VISTA CAPITAL PARTNERS, LLC



Principal Place of Business

**2910 WEST BAY TO BAY BLVD.
TAMPA FL 33629**

Mailing Address

**2910 WEST BAY TO BAY BLVD.
TAMPA FL 33629**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

41-2047176

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**O'NEILL, ALBERT C JR.
101 EAST KENNEDY BLVD.
SUITE 2700
TAMPA FL 33601**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE **DC** ☐ Delete
NAME **FROST, MICHAEL H**
STREET ADDRESS **2910 W BAY TO BAY BLVD #200**
CITY-ST-ZIP **TAMPA FL**

TITLE **D** ☐ Delete
NAME **KENNEDY, DAVID A**
STREET ADDRESS **2910 W BAY TO BAY BLVD #200**
CITY-ST-ZIP **TAMPA FL**

TITLE **P** ☐ Delete
NAME **STOLZ, ROBERY L**
STREET ADDRESS **1900 LAKE BUENA VISTA**
CITY-ST-ZIP **LAKE BUENA VISTA FL**

TITLE **VP** ☐ Delete
NAME **MOREL, FLORIAN**
STREET ADDRESS **1900 LAKE BUENA VISTA**
CITY-ST-ZIP **LAKE BUENA VISTA FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

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CITY-ST-ZIP

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

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Mike Frost

3/17/04

813 221 7535