

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90045 023 ****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**



04152005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

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**

**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, 2005**

9. MANAGING MEMBERS/MANAGERS

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

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

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

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

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 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

Michael H Frost

4/15/05

Date

Daytime Phone #

(813) 221-7535