

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2006 08:00 AM
Secretary of State

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



04032006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 41-2047176	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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)

000000515384

04/23/06-80266-005 \$0.00

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DC FROST, MICHAEL H 2910 W BAY TO BAY BLVD #200 TAMPA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P STOLZ, ROBERT L 1900 LAKE BUENA VISTA LAKE BUENA VISTA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP MOREL, FLORIAN 1900 LAKE BUENA VISTA LAKE BUENA VISTA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
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

Date

Daytime Phone #

Michael Frost

4/14/06 (813) 221-7535