

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90038 016 ****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 - No P.O. Box #

10100 International Dr.

3. Mailing Address

10100 International Dr.

Suite, Apt. #, etc.

Suite 2001

Suite, Apt. #, etc.

Suite 2001

City & State

Orlando, FL

City & State

Orlando, FL

Zip

32821

Country

USA

Zip

32821

Country

USA

1st MOORE

CR2E083 (10/06)

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

Michael Frost

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

10100 International Dr. #2001

City

Orlando

FL

Zip Code

32821

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

2-9-07

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

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

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

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE DC ☒ Change ☐ Addition
NAME Frost, Michael
STREET ADDRESS 10100 International Dr. #2001
CITY- ST- ZIP Orlando, Fla 32821

TITLE VP ☒ Change ☐ Addition
NAME STOLZ, Robert
STREET ADDRESS 10100 International Dr. #2001
CITY- ST- ZIP Orlando, FL 32821

TITLE VP ☒ Change ☐ Addition
NAME MOREL, Florian
STREET ADDRESS 10100 International Dr. #2001
CITY- ST- ZIP Orlando, FL 32821

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

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

2-9-07