

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 02, 2008 8:00 am
Secretary of State

04-02-2008 90149 034 ***138.75

00010001



01252008 Chg-LLC CR2E083 (12/06)

4. FEI Number
41-2047176

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

DOCUMENT # L02000006596

1. Entity Name
BUENA VISTA CAPITAL PARTNERS, LLC



Principal Place of Business
10100 INTERNATIONAL DR
SUITE 2001
ORLANDO, FL 32821

Mailing Address
10100 INTERNATIONAL DR
SUITE 2001
ORLANDO, FL 32821

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

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

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 \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS / MANAGERS

TITLE DC ☐ Delete
NAME FROST, MICHAEL H
STREET ADDRESS 10100 INTERNATIONAL DR SUITE 2001
CITY-ST-ZIP ORLANDO, FL 32821

TITLE P ☐ Delete
NAME STOLZ, ROBERT L
STREET ADDRESS 10100 INTERNATIONAL DR SUITE 2001
CITY-ST-ZIP ORLANDO, FL 32821

TITLE VP ☐ Delete
NAME MOREL, FLORIAN
STREET ADDRESS 10100 INTERNATIONAL DR SUITE 2001
CITY-ST-ZIP ORLANDO, FL 32821

TITLE VP ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

TITLE Ctrl. ☐ Change ☒ Addition
NAME Jenkins, Donna K.
STREET ADDRESS 10100 International Dr. #2001
CITY-ST-ZIP Orlando, FL 32821

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 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

2/28/08

Date

407352-7161

Daytime Phone #