

# **2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000012865

Entity Name: BV BUENA VISTA, LLC

**FILED**  
**Apr 20, 2006**  
**Secretary of State**

**Current Principal Place of Business:**

1725 UNIVERSITY DR., STE. 450  
CORAL SPRINGS, FL 33071

**New Principal Place of Business:**

4925 WEST LEITNER DRIVE  
CORAL SPRINGS, FL 33067

**Current Mailing Address:**

1725 UNIVERSITY DR., STE. 450  
CORAL SPRINGS, FL 33071

**New Mailing Address:**

4925 WEST LEITNER DRIVE  
CORAL SPRINGS, FL 33067

FEI Number: 02-0608697

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

VORSTMAN, ALBERT  
1725 UNIVERSITY DR., STE. 450  
CORAL SPRINGS, FL 33071 US

**Name and Address of New Registered Agent:**

VORSTMAN, ALBERT  
4925 WEST LEITNER DRIVE  
CORAL SPRINGS, FL 33067 US

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.

SIGNATURE: ALBERT VORSTMAN

04/20/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: VORSTMAN, ALBERT  
Address: 1725 UNIVERSITY DR STE 450  
City-St-Zip: POMPANO BEACH, FL 33071

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: VORSTMAN, ALBERT  
Address: 4925 WEST LEITNER DRIVE  
City-St-Zip: CORAL SPRINGS, FL 33067

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ALBERT VORSTMAN

MGR

04/20/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date