

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000008646

FILED
Apr 26, 2007
Secretary of State

Entity Name: BUENA VISTA HOLDING GROUP, L.C.

Current Principal Place of Business:

P.O. BOX 22195
LAKE BUENA VISTA, FL 32830

New Principal Place of Business:

1701 HIGHWAY A1A, SUITE 220
VERO BEACH, FL 32963

Current Mailing Address:

P.O. BOX 22195
LAKE BUENA VISTA, FL 32830

New Mailing Address:

FEI Number: 20-8635977

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COASTAL CORPORATE SERVICES, INC.
1701 HIGHWAY A1A, SUITE 220
VERO BEACH, FL 32963 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MARULANDA, PABLO
Address: P.O. BOX 22195
City-St-Zip: LAKE BUENA VISTA, FL 32830

Title: MGR (X) Delete
Name: MARULANDA, CARLOS
Address: P.O. BOX 22195
City-St-Zip: LAKE BUENA VISTA, FL 32830

Title: MGR (X) Delete
Name: MARULANDA, CESAR
Address: P.O. BOX 22195
City-St-Zip: LAKE BUENA VISTA, FL 32830

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: P.A. MARULANDA

MGR

04/26/2007

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