

2005 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
05 JUL 19 PM 4:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L04000087247					
1. Entity Name KEVA I, LLC					
Principal Place of Business 777 SOUTH HARBOUR ISLAND BLVD., SUITE 925 TAMPA, FL 33602			Mailing Address C/O ASSCT. MGT ADVISORS 450 CARILLCO PKWY, SUITE 200 SAINT PETERSBURG, FL 33716		
2. Principal Place of Business			3. Mailing Address 777 S. Harbour Island Blvd.		
Suite, Apt. #, etc. 925			Suite, Apt. #, etc. 925		
City & State			City & State Tampa, FL		
Zip	Country	Zip	Country	4. FEI Number 20-1953902	
33602	USA	33602	USA	5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CARLSON, SUSAN W. C/O ASSCT MGT. ADVISORS 450 CARILLON PKWY., SUITE 200 SAINT PETERSBURG, FL 33716				7. Name and Address of New Registered Agent Name: F&L Corp Street Address (P.O. Box Number is Not Acceptable): One Independent Drive Suite 1300 City: Jacksonville FL Zip Code: 32202	
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. By: <u>Randolph J. Wolfe</u> Randolph J. Wolfe, Vice Pres. SIGNATURE: _____ (NOTE: Registered Agent's signature required when reinstating) DATE: _____					
Amended AR is \$50.00				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT MOREAN, WILLIAM D. 450 CARILLON PKWY., SUITE 200 SAINT PETERSBURG, FL 33716 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BVG Resort Homes, Ltd. 777 S. Harbour Island Blvd. #925 Tampa, FL 33602 ☐ Change ☒ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS MOREAN, KELLY D. 450 CARILLON PKWY, SUITE 200 SAINT PETERSBURG, FL 33716 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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. BVG Resort Homes, Inc., General Partner					
SIGNATURE: By: <u>Sheryl Hunter</u>		Date: <u>7/13/05</u>		813-251-5505	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #	