

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L04000089221

1. Entity Name
BELLA VISTA ON LAKE SEMINOLE, LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAR 17 AM 10:20

Principal Place of Business
101 EAST KENNEDY BLVD., SUITE 3300
TAMPA, FL 33602

Mailing Address
101 EAST KENNEDY BLVD., SUITE 3300
TAMPA, FL 33602

DO NOT WRITE IN THIS SPACE



01162006No Chg-LLC CR2E083 (11/05)

4. FEI Number
20-1983385

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MCDONOUGH, BRIAN J
2200 MUSEUM TOWER, 150 WEST FLAGLER ST.
MIAMI, FL 33130

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee Is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	BELLA VISTA LAKE SEMINOLE INVESTOR LTD
STREET ADDRESS	101 EAST KENNEDY BOULEVARD SUITE 3300
CITY-ST-ZIP	TAMPA, FL 33602

TITLE	
NAME	
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CITY-ST-ZIP	

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000069064810
03/30/06--01062--012 **600.00

**DO NOT WRITE
IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

2-2-06

Date

Daytime Phone #