

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**DOCUMENT # L04000089224**

1. Entity Name  
**BELLA VISTA ON LAKE SEMINOLE PARTNERS, LLC**



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

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**06 MAR 17 AM 10: 20**

**DO NOT WRITE IN THIS SPACE**

01102006No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
**20-1983415**

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 STREET  
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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
ATLANTIC AMERICAN REALTY GROUP, LLC.  
101 EAST KENNEDY BOULEVARD SUITE 3300  
TAMPA, FL 33602**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

**900069064749**  
**03/30/06--01062--012 \*\*500.00**

**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 #