

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 14, 2006 8:00 am
Secretary of State

04-24-2006 90055 009 ****50.00

30012662



DOCUMENT # L05000074675 1. Entity Name LAKE BUENA VISTA HOTEL MANAGER, LLC																																																																																																								
Principal Place of Business 880 S. PLEASANTBURG DRIVE, SUITE 3-G GREENVILLE, SC 29607			Mailing Address 880 S. PLEASANTBURG DRIVE, SUITE 3-G GREENVILLE, SC 29607																																																																																																					
2. Principal Place of Business 60 Pointe Circle		3. Mailing Address 60 Pointe Circle																																																																																																						
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 																																																																																																						
City & State Greenville SC		City & State Greenville SC		4. FEI Number 81-0678771																																																																																																				
Zip 29615		Zip 29615		Country 																																																																																																				
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable																																																																																																				
6. Name and Address of Current Registered Agent CUROTTO, DONALD J 300 S. ORANGE AVE., SUITE 1000 ORLANDO, FL 32801			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																																																																																																					
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																																																																																																								
Filing Fee is \$50.00 Due by September 6, 2006		Make check payable to Florida Department of State																																																																																																						
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 9. MANAGING MEMBERS/MANAGERS <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">NAME</td> <td style="width: 15%;">STREET ADDRESS</td> <td style="width: 15%;">CITY-ST-ZIP</td> <td style="width: 10%; text-align: center;">Delete</td> </tr> <tr> <td></td> <td>Managing Member</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>Hasmukh P. Rama</td> <td>60 Pointe Circle</td> <td>Greenville, SC 29615</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table> </div> <div style="width: 45%;"> 10. ADDITIONS/CHANGES <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">NAME</td> <td style="width: 15%;">STREET ADDRESS</td> <td style="width: 15%;">CITY-ST-ZIP</td> <td style="width: 10%; text-align: center;">Change</td> <td style="width: 5%; text-align: center;">Addition</td> </tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> </div> </div>						TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete		Managing Member					Hasmukh P. Rama	60 Pointe Circle	Greenville, SC 29615																																TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition																																																
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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: <u>Hasmukh P. Rama</u> <u>8/8/06</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>																																																																																																								