


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Aug 27, 2007 8:00 am
Secretary of State

07-06-2007 90088 001 ***500.00

DOCUMENT # L06000046992 1. Entity Name BAHAMA WINDS PARTNERS, LLC					
Principal Place of Business 475 CENTRAL AVENUE SUITE 205 ST. PETERSBURG FL 33701			Mailing Address 475 CENTRAL AVENUE SUITE 205 ST. PETERSBURG FL 33701		
2. Principal Place of Business - No P.O. Box # 1950 Lake Ave. S.E. Suite, Apt. #, etc. #B		3. Mailing Address 1950 Lake Ave. S.E. Suite, Apt. #, etc. #B			
City & State Largo, FL		City & State Largo, FL			
Zip 33771		Country Pinellas		Zip 33771	
Country Pinellas		4. FEI Number: _____ Applied For <input checked="" type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				1st MOORE CR2E083 (10/06)	
6. Name and Address of Current Registered Agent LODER, JOHN W SR 475 CENTRAL AVENUE SUITE 205 ST. PETERSBURG FL 33701			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) 1950 Lake Ave S.E., #B City Largo FL Zip Code 33771		
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 resigning) DATE _____					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM <input type="checkbox"/> Delete LODER, JOHN W JR 475 CENTRAL AVENUE, SUITE 205 ST. PETERSBURG FL 33701		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1950 Lake Ave. S.E. #B Largo, FL 33771	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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>Deharter / April Charles</u> 5-1-07 (727) 581-7200 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					



ATTACHMENT

30012538

SUN VISTA
HOLDINGS, LLC

1950 Lake Avenue SE #B
Largo, FL 33771

Office: (727) 894-6084
Fax: (727) 894-6138

August 22, 2007

Florida Department of State
Annual Reports Section
P.O. Box 6478
Tallahassee, FL 32314

RE: Reference #L06000046992

Gentlepersons:

I have submitted payment of \$50.00 for the above reference number and I was actually supposed to dissolve it. Could you please correct and dissolve this company and return the \$50.00 payment I made for Bahama Winds Partners, LLC.

If you have any questions please don't hesitate to call me and it was nice talking to you the other day.

Kind regards,

April Charles
Office Manager/Executive Assistant