

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000048249

FILED  
May 07, 2009  
Secretary of State

**Entity Name:** BVG HOLDINGS AT SEASONS, LLC

**Current Principal Place of Business:**

777 SOUTH HARBOUR ISLAND BLVD., SUITE 925  
TAMPA, FL 33602

**New Principal Place of Business:**

777 SOUTH HARBOUR ISLAND BLVD., SUITE 240  
TAMPA, FL 33602

**Current Mailing Address:**

777 SOUTH HARBOUR ISLAND BLVD., SUITE 925  
TAMPA, FL 33602

**New Mailing Address:**

777 SOUTH HARBOUR ISLAND BLVD., SUITE 240  
TAMPA, FL 33602

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

F & L CORP.  
ONE INDEPENDENT DRIVE, SUITE 1300  
JACKSONVILLE, FL 32202 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: BVG HOLDINGS, INC.  
Address: 777 SOUTH HARBOUR ISLAND BLVD., SUITE 925  
City-St-Zip: TAMPA, FL 33602

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: BVG HOLDINGS, INC.  
Address: 777 SOUTH HARBOUR ISLAND BLVD., SUITE 240  
City-St-Zip: TAMPA, FL 33602

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JAE HEINBERG

P

05/07/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date