

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 21, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # L06000090672**

1. Entity Name  
BVHG - SWO, LLC



Principal Place of Business  
10100 INTERNATIONAL DR  
SUITE 2001  
ORLANDO, FL 32821

Mailing Address  
10100 INTERNATIONAL DR  
SUITE 2001  
ORLANDO, FL 32821



01252008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-5566563

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

FROST, MICHAEL  
10100 INTERNATIONAL DR  
SUITE 2001  
ORLANDO, FL 32821

**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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	CP
NAME	FROST, MICHAEL
STREET ADDRESS	10100 INTERNATIONAL DR SUITE 2001
CITY-ST-ZIP	ORLANDO, FL 32821
TITLE	VP
NAME	STOLZ, ROBERT
STREET ADDRESS	10100 INTERNATIONAL DR SUITE 2001
CITY-ST-ZIP	ORLANDO, FL 32821
TITLE	VP
NAME	HEINTZ, DONALD
STREET ADDRESS	10100 INTERNATIONAL DR SUITE 2001
CITY-ST-ZIP	ORLANDO, FL 32821
TITLE	VP
NAME	MOREL, FLORIAN
STREET ADDRESS	10100 INTERNATIONAL DR SUITE 2001
CITY-ST-ZIP	ORLANDO, FL 32821
TITLE	VP
NAME	WRIGHT, COLIN
STREET ADDRESS	10100 INTERNATIONAL DR SUITE 2001
CITY-ST-ZIP	ORLANDO, FL 32821
TITLE	C
NAME	JENKINS, DONNA K
STREET ADDRESS	10100 INTERNATIONAL DR SUITE 2001
CITY-ST-ZIP	ORLANDO, FL 32821

U00000866361  
04/08/08-60024-016 138.75

**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

2/28/08

Date

407 352-7161

Daytime Phone #