2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000094357 FILED 1. Entity Name **BUENA VISTA HOLDINGS, LLC** Jul 09, 2008 08:00 AM Secretary of State Malling Address Principal Place of Business 209 S RIDGEWOOD AVE. 209 S RIDGEWOOD AVE. DELAND, FL 32720 DELAND, FL 32720 07072008 No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-5612967 Not Applicable \$5,00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SCOTT, ADAM DO NOT WRITE 615 N PALMETTO CT DELAND, FL 32720 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, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent manature required when reinstating) FILE NOWIII FEE IS \$138.75 Due by September 12, 2008 In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. 9. MANAGING MEMBERS/MANAGERS MGR TITLE NAME SCOTT, ADAM STREET ADDRESS 615 NORTH PALMETTO COURT U00000953712 07/09/08-80003-002 138.75 CITY-ST-ZIP **DELAND, FL 32720** TITLE STREET ADDRESS CITY-ST-ZIP TTLE MARKE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with this fing does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information inclicated 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 expowered to execute this report as required by Chapter 608, Florida Statutes.