

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 21, 2008 08:00 A
Secretary of State

DOCUMENT # L07000056565

1. Entity Name
BVHG-OLDETOWNSUITES LLC



Principal Place of Business
10100 INTERNATIONAL DRIVE
2001
ORLANDO, FL 32821

Mailing Address
10100 INTERNATIONAL DRIVE
2001
ORLANDO, FL 32821



01252008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-4680205

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

FROST, MICHAEL H
10100 INTERNATIONAL DRIVE
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

000000909988
05/06/08-80090-019 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
FROST, MICHAEL H
10100 INTERNATIONAL DRIVE #2001
ORLANDO, FL 32821

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
HEINTZ, DONALD P
10100 INTERNATIONAL DRIVE #2001
ORLANDO, FL 32821

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
STOLZ, ROBERT
10100 INTERNATIONAL DRIVE #2001
ORLANDO, FL 32821

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
JENKINS, DONNA K
10100 INTERNATIONAL DRIVE #2001
ORLANDO, FL 32821

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
MOREL, FLORIAN
10100 INTERNATIONAL DRIVE #2001
ORLANDO, FL 32821

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
WRIGHT, COLIN
10100 INTERNATIONAL DRIVE #2001
ORLANDO, FL 32821

**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

Daytime Phone # _____