2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000109904

FILED
May 01, 2009
Secretary of State

Entity Name: BUENA VISTA ADVISOR, LLC

Current Principal Place of Business:

10100 INTERNATIONAL DRIVE, SUITE 2001
ORLANDO, FL 32821

New Principal Place of Business:

6750 FORUM DRIVE
SUITE 316
ORLANDO, FL 32821

Current Mailing Address:

10100 INTERNATIONAL DRIVE, SUITE 2001
ORLANDO, FL 32821

New Mailing Address:

6750 FORUM DRIVE
SUITE 316
ORLANDO, FL 32821

FEI Number: 26-2115325   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired (X)
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: **Name and Address of New Registered Agent:**

REEVES, MICHAEL J
101 E. KENNEDY BLVD., SUITE 2700
TAMPA, FL 33602   US

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:	MGR ( ) Delete
Name:	BUENA VISTA HOSPITALITY GROUP, INC.
Address:	10100 INTERNATIONAL DRIVE, SUITE 2001
City-St-Zip:	ORLANDO, FL 32821

ADDITIONS/CHANGES:

Title:	MGR (X) Change ( ) Addition
Name:	BUENA VISTA HOSPITALITY GROUP, INC.
Address:	6750 FORUM DRIVE, SUITE 316
City-St-Zip:	ORLANDO, FL 32821

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: MICHAEL FROST   MR   05/01/2009
_____
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date