

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000004419

FILED
Apr 25, 2004
Secretary of State

Entity Name: BOA VISTA ORCHIDS, LLC

Current Principal Place of Business:

5103 OLD POLK CITY ROAD
HAINES CITY, FL 33844

New Principal Place of Business:

4763 POLK CITY ROAD
HAINES CITY, FL 33844

Current Mailing Address:

5103 OLD POLK CITY ROAD
HAINES CITY, FL 33844

New Mailing Address:

4763 POLK CITY ROAD
HAINES CITY, FL 33844

FEI Number: 59-3592963

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MIRANDA, FRANCISCO
5103 OLD POLK CITY ROAD
HAINES CITY, FL 33844 US

Name and Address of New Registered Agent:

MIRANDA, FRANCISCO
4763 POLK CITY ROAD
HAINES CITY, FL 33844 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: _____

04/25/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: MIRANDA, FRANCISCO
Address: 2501 OLD LAKE WILSON ROAD
City-St-Zip: KISSIMMEE, FL 34747

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: FRANCISCO MIRANDA

MGR

04/25/2004

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