

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000004419

Entity Name: BOA VISTA ORCHIDS, LLC

FILED  
Apr 12, 2005  
Secretary of State

**Current Principal Place of Business:**

4763 POLK CITY ROAD  
HAINES CITY, FL 33844

**New Principal Place of Business:**

**Current Mailing Address:**

4763 POLK CITY ROAD  
HAINES CITY, FL 33844

**New Mailing Address:**

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  
4763 POLK CITY ROAD  
HAINES CITY, FL 33844 US

**Name and Address of New Registered Agent:**

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/MEMBERS:**

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

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: MIRANDA, FRANCISCO  
Address: 4763 POLK CITY ROAD  
City-St-Zip: HAINES CITY, FL 33844

Title: MGR ( ) Change (X) Addition  
Name: MIRANDA, MARIA  
Address: 4763 POLK CITY ROAD  
City-St-Zip: HAINES CITY, FL 33844

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

04/12/2005

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