## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Jul 21, 2006 8:00 am Secretary of State

724-935-5257

Daytime Phone #

7-18-06

DOCUMENT # M0500006672  1. Entity Name BUENA VISTA OCEANSIDE LLC						07-21-2006 90082 045 ****50.00				
Principal Plac	e of Business	S	Mailing Address			-	•		, .	
375 GOLFSIE WEXFORD, P.			375 GOLFSIDE DRIVE WEXFORD, PA 15090							
2. Principal P		•	3. Mailing Address							
4225 El Mar Drive Suite, Apt. #, etc.			Suite, Apt. #, etc.			-				
						07122006	Chg-LLC	CR2E	083 (11/05)	
City & State  Lauderdale by the Sea, FL			City & State			4. FEI Numl 20-382			<u> </u>	plied For t Applicable
Zip 33308	Zip   Country   33308   US		Zip Count		try	5. Certificate of Status Desired See Required 5.00 Additional Fee Required				
	6. Name	and Address of Current R				7. Name and Address of New Registered Agent				
LAW OFFI	CE OF JE	FFREY M. SISKIND		Name						
525 S. FLA	AGLER DE		Street Add			(P.O. Box Numl	ber is Not Acceptable	∌)		
					City		<del>.</del>	FL	Zip Code	9
8. The above the obligat	named entity	y submits this statement for ered agent.	the purpose of changing its	registere	d office or regist	ered agent, or b	oth, in the State of Flo		- 1	and accept
SIGNATURE .	Signature typed	or printed name of registered agent an	od title il applicable (NOTI	Parietara	d Agent signature requir	and when rainalalana		DATE		
	Signature, types	or printed hathe of registered agent at	o site ii applicadie. (NOTI	. negisiere	u Agent signatura requir	ed when reinstating)	·	DATE		
	ing Fee is by Septen	s \$50.00 nber 6, 2006						-	payable to nent of State	3
9.		MANAGING MEMBER	S/MANAGERS 10.				ADDITIONS,	/CHANGES	S	
TITLE	MGR		Delete						☐ Change	☐ Addition
NAME STREET ADDRESS	ZOKAITES, FRANK R		NAM. STRE		ET ADDRESS					
CITY-ST-ZIP	WEXFORD, PA 15090				-ST-ZIP					
TITLE			☐ Delete TITLE						☐ Change	Addition
NAME STREET ADDRESS			NAM! STRE		E Et address					
CITY-ST-ZIP					-ST-ZIP					
TITLE			☐ Delete TITL			<del></del> ,。			☐ Change	Addition
NAME CIRCET ADDRESS				NAM						
STREET ADDRESS CITY-ST-ZIP				1	ET ADDRESS -ST-ZIP					
TITLE		1.0	☐ Delete	TITLE		<del></del>			☐ Change	Addition
NAME				NAM	E					
STREET ADDRESS CITY-ST-ZIP					ET ADDRESS					
TITLE			Defete	TITLE	-ST-ZIP					T Addition
NAME			La Delete	NAM	t				☐ Change	Addition
STREET ADDRESS				STRE	ET ADDRESS					
CITY-ST-ZIP				CITY	-ST-ZIP					
TITLE			☐ Delete	TITLE					☐ Change	☐ Addition
NAME Street address		NAME STREE		E E1 Adoress						
CITY-ST-ZIP			_	1	-ST-ZIP					
11. I hereby of indicated limited lia	certify that the on this repor bility compa	e information supplied with the receiver of trustee and the receiver of trustee	this filing does not qualify for the day signature shall have employered to execute this	the exe the same report as	mptions contained legal effect as if required by Cha	d in Chapter 119 made under oat pter 608, Florida	), Florida Statutes. I fu th; that I am a manag Statutes.	rther certif ging memb	y that the info er or manage	rmation r of the

Frank R. Zokaites

YPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE