

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000108033

**FILED**  
**Jan 15, 2009**  
**Secretary of State**

**Entity Name:** BUFFALO MADISON INVESTMENTS, LLC

**Current Principal Place of Business:**

400 MASSACHUSETTS AVE, NW  
1009  
WASHINGTON, DC 20001

**New Principal Place of Business:**

**Current Mailing Address:**

400 MASSACHUSETTS AVE, NW  
1009  
WASHINGTON, DC 20001

**New Mailing Address:**

FEI Number: 20-3743695

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CRAIG M. DORNE, PA  
407 LINCOLN ROAD  
PENTHOUSE SOUTHEAST  
MIAMI BEACH, FL 33139 US

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

JONATHAN GRZYB  
1200 BRICKELL BAY DR  
#1509  
MIAMI, FL 33131 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: JONATHAN GRZYB

01/15/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: JETT, CHRISTOPHER M  
Address: 400 MASSACHUSETTS AVE, NW , UNIT 1009  
City-St-Zip: WASHINGTON, DC 20001

Title: MGRM ( ) Delete  
Name: GRZYB, JONATHAN  
Address: 400 MASSACHUSETTS AVE, NW, UNIT 1009  
City-St-Zip: WASHINGTON, DC 20001

**ADDITIONS/CHANGES:**

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

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

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: JONATHAN GRZYB

MGRM

01/15/2009

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