


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # M03000002315
 1. Entity Name
AG BUSCHWOOD 1, LLC



Principal Place of Business **Mailing Address**
 701 EAST BYRD STREET, 15TH FLOOR 701 EAST BYRD STREET, 15TH FLOOR
 RICHMOND, VA 23219 RICHMOND, VA 23219

DO NOT WRITE IN THIS SPACE



02042004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 95-6525364	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 LEXISNEXIS DOCUMENT SOLUTIONS, INC.
 1201 HAYS STREET
 TALLAHASSEE, FL 32301-2625

DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agents signature required when withdrawing) DATE _____

Filing Fee is \$50.00
Due by May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WERTZ REALTY INVESTMENTS, A CALIFORNIA GP 11879 SANTA MONICA BOULEVARD LOS ANGELES, CA 90025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000122809
 04/26/04-80044-022 50.00

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 606, Florida Statutes.

SIGNATURE Jaime R. Wertz General Partner Date 3-22-04
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #

310-477-4251