



**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 25, 2004 8:00 am**  
**Secretary of State**

05-06-2004 90002 025 \*\*\*\*50.00

<b>DOCUMENT # M03000002911</b>			
1. Entity Name <b>AG BUSCHWOOD 7, LLC</b>			
Principal Place of Business <b>701 EAST BYRD STREET, 15TH FLOOR RICHMOND, VA 23219</b>		Mailing Address <b>701 EAST BYRD STREET, 15TH FLOOR RICHMOND, VA 23219</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>LEXISNEXIS DOCUMENT SOLUTIONS 1201 HAYS STREET TALLAHASSEE, FL 32301-2525</b>		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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		DATE	
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating)	
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>		Make check payable to <b>Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM KINNIBURGH, ELIZABETH S 25496 RUE TERRASE LAGUNA NIGUEL, CA 92677</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>28836 Calle Vista Laguna Niguel, CA <del>92660</del> 92677</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify 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 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: 		Date: <b>4/26/04</b> Daytime Phone #: <b>949633 0959</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	

**34007439**



02042004 Chg-LLC CR2E083 (10/03)

4. FEI Number  Applied For  Not Applicable

5. Certificate of Status Desired  \$5.00 Additional Fee Required