


Apr 19, 2005 9:39AM

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90022 034 \*\*\*\*50.00

<b>DOCUMENT # M03000002315</b>	
1. Entry Name <b>AG BUSCHWOOD 1, 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>
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2. Principal Place of Business <b>1400 NW 107 Avenue Suite, Apt. #, etc. 4th Floor</b>	3. Mailing Address <b>1400 NW 107 Avenue Suite, Apt. #, etc. 4th Floor</b>
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City & State <b>Miami, FL</b>	City & State <b>Miami, FL</b>
Zip <b>33172</b>	Country <b>USA</b>



04152005 Chg-LLC CR2E088 (10/03)

4. FEI Number <b>95-6525364</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent

**LEXISNEXIS DOCUMENT SOLUTIONS, INC.  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525**

7. Name and Address of New Registered Agent

Name \_\_\_\_\_  
Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
City **FL** Zip Code \_\_\_\_\_

8. The above named entity submits the 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 Agent signature required when necessary) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2005**

Make check payable to  
**Florida Department of State**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM WERTZ REALTY INVESTMENTS, A CALIFORNIA GP 11879 SANTA MONICA BOULEVARD LOS ANGELES, CA 90025</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> 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)(c), 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:** Laurence R. Wertz  
**SIGNATURE AND TYPED OR PRINTED NAME OF SOLE MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE**

**4-19-05 3104774251**  
Date Daytime Phone #