


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

05-03-2005 90022 039 ****50.00

DOCUMENT # M03000003542

1. Entity Name
AG BUSCHWOOD 9, LLC



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

Mailing Address
**701 EAST BYRD STREET, 15TH FLOOR
 RICHMOND, VA 23219**

2. Principal Place of Business
1400 NW 107 Avenue


3. Mailing Address
1400 NW 107 Avenue

Suite, Apt. #, etc.
4th Floor

City & State
Miami, FL

Zip
33172

Country
USA



04152005 Chg-LLC CR2E083 (10/03)

4. FEI Number
NOT APPLICABLE

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

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 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)

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

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM A.P. & S.M. MORREALE 1988 REV. LVNG. TRUST 1764 COTTONWOOD DRIVE VISTA, CA 92081 <input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Anthony P. Morreale, Sara M. Morreale **4/20/2005** **760-643-2312**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #