

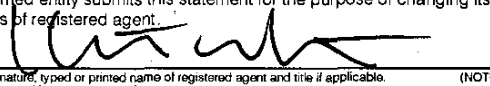
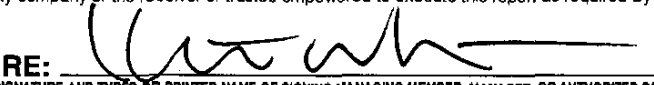


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90048 015 ****50.00

DOCUMENT # L00000008755 1. Entity Name BUCCANEER REAL ESTATE HOLDINGS, LLC					
Principal Place of Business 1611 W. PLATT STREET TAMPA, FL 33606			Mailing Address 1611 W. PLATT STREET TAMPA, FL 33606		
2. Principal Place of Business 502 N. ARMENIA AVE		3. Mailing Address 502 N. ARMENIA AVE			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		04192005 Chg-LLC CR2E083 (10/03)	
City & State TAMPA FL		City & State TAMPA FL		4. FEI Number 59-3699772	
Zip 33609		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent KOEHLER, KEITH W CPA 1611 W. PLATT STREET TAMPA, FL 33606				7. Name and Address of New Registered Agent Name KEITH W. KOEHLER Street Address Koehler & Company, P.A. 502 North Armenia Avenue City Tampa, FL 33609	
8. The above named entity submits this statement for the purpose of changing its registered office or the obligations of registered agent.					
SIGNATURE 				DATE 4/20/05	
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	MGR KOEHLER, KIETH W CPA 1611 W. PLATT STREET TAMPA, FL 33606	<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"/> 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			
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 4/20/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Daytime Phone #	