

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT



FILED
May 14, 2008 8:00 am
Secretary of State

05-14-2008 90082 042 ***138.75

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04222008 Chg-LLC CR2E083 (12/06)

DOCUMENT # L00000011556			
1. Entity Name BETTER BUY REALTY, LLC			
Principal Place of Business 216 ST. JOE PLAZA DRIVE PALM COAST, FL 32164		Mailing Address 216 ST. JOE PLAZA DRIVE PALM COAST, FL 32164	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address PO Box 353495	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Palm Coast FL	
Zip	Country	Zip	Country
		32135	USA
4. FEI Number 59-3673847		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 SAWYER, JEFFREY C 5 KALAMAZOO TRAIL PALM COAST, FL 32164		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SAWYER, JEFFREY 5 KALAMAZOO TRAIL PALM COAST, FL 32164 <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 exemptions contained in Chapter 119, 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: 		Jeffrey Sawyer MGR x 4/25/08 x 445-9875	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	Daytime Phone # 386 445-9875