

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000013986

FILED  
Apr 14, 2005  
Secretary of State

Entity Name: BUCKEYE, L.L.C.

## Current Principal Place of Business:

1201 BRICKELL AVE., #630  
MIAMI, FL 33131

## New Principal Place of Business:

6821 SOUTH WEST 147 AVE  
APT H  
MIAMI, FL 33193

## Current Mailing Address:

1201 BRICKELL AVE., #630  
MIAMI, FL 33131

## New Mailing Address:

6821 SOUTH WEST 147 AVE  
MIAMI, FL 33193

FEI Number: 65-1055134

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

COBO, LILIANA U  
1201 BRICKELL AVE., #630  
MIAMI, FL 33131 US

## Name and Address of New Registered Agent:

COBO, LILIANA U  
6821 SOUTH WEST 147 AVE  
MIAMI, FL 33193 US

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.

SIGNATURE:

04/14/2005

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: S ( ) Delete  
Name: COBO, LILIANA  
Address: 1201 BRICKELL AVE., #630  
City-St-Zip: MIAMI, FL 33131

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: COBO, LILIANA  
Address: 6821 SOUTH WEST 147 AVE  
City-St-Zip: MIAMI, FL 33193

Title: MGRM ( ) Change (X) Addition  
Name: LOZANO, RICARDO  
Address: 6821 SOUTH WEST 147 AVE  
City-St-Zip: MIAMI, FL 33193

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: LILIANA COBO

MGR

04/14/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date