
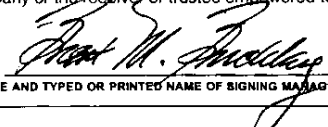


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Sep 10, 2007 8:00 am**  
**Secretary of State**

09-10-2007 90103 011 \*\*\*\*50.00

<b>DOCUMENT # L00000015313</b> 1. Entity Name <b>BUCKLEY - FLA. LLC</b>					
Principal Place of Business <b>1633 PERIWINKLE WAY, SUITE G SANIBEL, FL 33957</b>			Mailing Address <b>1633 PERIWINKLE WAY, SUITE G SANIBEL, FL 33957</b>		
2. Principal Place of Business - No P.O. Box # <b>600 Superior Ave., East</b> Suite, Apt. #, etc. <b>#1400</b>		3. Mailing Address <b>600 Superior Ave., East</b> Suite, Apt. #, etc. <b>#1400</b>			
City & State <b>Cleveland, OH</b>		City & State <b>Cleveland, OH</b>		4. FEI Number <b>NOT APPLICABLE</b>	
Zip <b>44114</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ROGUSKA, BRENDA 12498 RIVERSIDE DR #204 FORT MYERS, FL 33919</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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)					
<b>Filing Fee is \$50.00 Due by September 14, 2007</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <b>BUCKLEY, BRENT M MEMBER</b> <b>1633 PERWINKLE WAY SUITE G</b> <b>SANIBEL, FL 33957</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <b>Buckley, Brent M. Member</b> <b>600 Superior Ave., East, Ste. #1400</b> <b>Cleveland, OH 44114</b> <input checked="" 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	
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	
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	
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	
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	
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.					
<b>SIGNATURE:</b> 			<b>Brent M. Buckley, Mgr.</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date		Daytime Phone #