

2002-2003 UBR
**LIMITED LIABILITY COMPANY
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L01000021070

1. Entity Name

BUFF PROPERTIES LLC

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

03 MAR -6 PM 12:39

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

P.O. Box 583

3. Mailing Address

P.O. Box 583

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

East Point FL

City & State

same

4. FEI Number

90-0034909

Applied For

Not Applicable

Zip

32328

Country

FLA

Zip

same

Country

same

5. Certificate of Status Desired

☒

\$5.00 Additional
 Fee Required

7. Name and Address of Current Registered Agent

Name

Kenneth G. Fisher

Number is Not Acceptable

2600 W. Hwy 90

City

East Point

FL

Zip Code

32328

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.

SIGNATURE

[Signature]

3.6.03

DATE

FEE IS \$50.00

**Make Check Payable to Department of State
 DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

mgrm Kenneth G. Fisher
P.O. Box 583 East Point FL

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

mgrm Aaron Taylor
P.O. Box 605
East Point FL 32328

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

P.O. Box 605
East Point FL 32328

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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NAME

STREET ADDRESS

CITY-ST-ZIP

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TITLE

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CITY-ST-ZIP

[Blank]

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**DO NOT WRITE
 IN THIS SPACE**

500013629415
 03/06/03--01054--001 **105.00

(UBR was returned)

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

3.6.03 570-5656

CR2E083B (12/01)