2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000002643

1. Entity Name
BUCKSKIN RANCH PROPERTIES, LLC



FILED
Jun 18, 2004 08:00 AM
Secretary of State

Principal Place of Business

Mailing Address

18690 SW 210 ST MIAMI, FL 33187 18690 SW 210 ST MIAMI, FL 33187



DO NOT WRITE IN THIS SI	PACE
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06152004No Chg-LLC CR2E083 (10/03)

 FEI Number 04-3602341 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional

6. Name and Address of Current Registered Agent

GONZALEZ, ALEX 18690 SW 210 ST MIAMI, FL 33187

STREET ADDRESS CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

8. The above the obligat	named entity submits this statement for the purpose of chang tions of registered agent.	ing its registered office or registered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable	(NOTE Registered Agent signature required when remarkating)	DATE
Fil Due l	ling Fee is \$50.00 by September 8, 2004		
9.	MANAGING MEMBERS/MANAGERS		<u> 100000182892</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GONZALEZ, ALEX 18690 SW 210 ST MIAMI, FL 33187	· · · · · -	100000182692 06/18/04-80001-011 50.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE
TITLE Name Street address City-St-Zip		in '	THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE			

11. I hereby certify that the information supplied with this filling 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 SIGNATUR MANAGING MEMBER OF PUTFORIZED REPRESENTATIVE

Date

Daytime Phone #