


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 26, 2004 08:00 AM
Secretary of State

| | |
|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| DOCUMENT # L02000005289 1. Entity Name BUSLER PROPERTIES, LLC |  |
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|----------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| Principal Place of Business 301 S. SUMMIT STREET CRESCENT CITY, FL 32112 | Mailing Address P.O. BOX 907 CRESCENT CITY, FL 32112 |
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DO NOT WRITE IN THIS SPACE



03252004 No Chg-LLC

CR2E083 (10/03)

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|------------------------------------|--------------------------------------------------------|
| 4. FEI Number 01-0626584 | Applied For <input type="checkbox"/> Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
|-----------------------------------------------------------|---------------------------------------|

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| 6. Name and Address of Current Registered Agent BUSLER, KEVIN J 301 S. SUMMIT STREET CRESCENT CITY, FL 32112 |
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IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

| 9. MANAGING MEMBERS/MANAGERS | |
|------------------------------------------------|---------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P BULER, KEVIN J 301 S. SUMMIT SR. CRESCENT CITY, FL 32112 |
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U000000131659
04/27/04-80015-006 50.00

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:  **4-26-04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #