

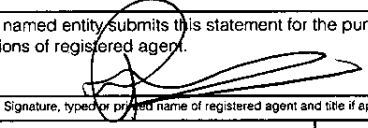
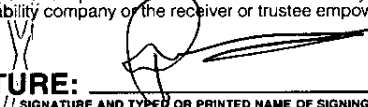


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 14, 2004 8:00 am
Secretary of State

04-14-2004 90283 024 ****50.00

| | | | | | |
|--|---|--|--|---|---|
| DOCUMENT # L02000006644 1. Entity Name BUCKINGHAM COURT 109 LLC | | | |  | |
| Principal Place of Business 7025 BERACASA WAY, STE. 107 BOCA RATON, FL 33433 | | | Mailing Address 7025 BERACASA WAY, STE. 107 BOCA RATON, FL 33433 | | |
| 2. Principal Place of Business 7284 W. Palmetto Park Rd Suite, Apt. #, etc. Ste 106 | | 3. Mailing Address 7284 W. Palmetto Park Rd Suite, Apt. #, etc. Ste 106 | |  | |
| City & State Boca Raton, FL | | City & State Boca Raton, FL | | 4. FEI Number 03-0415861 | |
| Zip 33433 | | Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent BECKERMAN, ROSS 701 WEST CYPRESS CREEK RD, #302 FT. LAUDERDALE, FL 33309 | | | | 7. Name and Address of New Registered Agent Name Daniel A. Kaskel, P.A. Street Address (P.O. Box Number is Not Acceptable) 7284 W. Palmetto Park Rd - Ste 108 City Boca Raton FL Zip Code 33433 | |
| 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  DATE 4-12-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2004 | | | Make check payable to Florida Department of State | | |
| 9. MANAGING MEMBERS/MANAGERS | | | | 10. ADDITIONS/CHANGES | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM BEROUGO, ELLIE 7025 BERACASA WAY 107 BOCA RATON, FL 33433 <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 |
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| 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:  | | | | 4-12-04 510139510868 | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | | <small>Date Daytime Phone #</small> | |