2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

Jan 10, 2005 08:00 AM Secretary of State **DOCUMENT # L02000007002** 1. Entity Name **BUCKINGHAM PLACE LLC** Principal Place of Business Mailing Address **1845 GARFIELD STREET 1845 GARFIELD STREET** HOLLYWOOD, FL 33020 HOLLYWOOD, FL 33020 01072005No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 68-0495967 Not Applicable \$5.00 Additional 5. Certificate of Status Desired TO/ Fee Required 6. Name and Address of Current Registered Agent SOOKOO, VEJAIANAN DO NOT WRITE 1845 GARFIELD STREET HOLLYWOOD, FL 33020 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) Filing Fee is \$50.00 Due by May 1, 2005 MANAGING MEMBERS/MANAGERS 9. TITLE MEM U00000175271 U1/10/05-80046-002 55.00 SOOKOO, ANN WYSE NAME STREET ADDRESS 1845 GARFIELD STREET CITY-ST-ZIP HOLLYWOOD, FL 33020 मा ह NAME SOOKOO, VEJAIANAN 1845 GARFIELD STREET STREET ADDRESS CITY-ST-ZIP HOLLYWOOD, FL. 33020 TITLE NAME STREET ADDRESS DO NOT WRITE CITY ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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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.

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE:	V. Sollow.	VESAIANAN SOOKOO	01.07.05.	954 921 181
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE			Date	Daytime Phone #