

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

1/17/2003-90214-034-\$50.00-\$50.00

03 FEB 24 AM 9:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000007002



1. Entity Name
BUCKINGHAM PLACE LLC

Principal Place of Business 1845 GARFIELD STREET HOLLYWOOD FL 33020	Mailing Address 1845 GARFIELD STREET HOLLYWOOD FL 33020
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2. Principal Place of Business 1845 GARFIELD ST Suite, Apt. #, etc.	3. Mailing Address 1845 GARFIELD ST Suite, Apt. #, etc.
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City & State HOLLYWOOD	City & State HOLLYWOOD
Zip 33020	Zip 33020
Country FLORIDA	Country FLORIDA

4. FEI Number 68-0495967	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
SOOKOO, VEJAIANAN
1845 GARFIELD STREET
HOLLYWOOD FL 33020

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS	
TITLE ADMINISTRATOR / MEMBER <input type="checkbox"/> Delete	
NAME ANN WYSE SOOKOO	
STREET ADDRESS 1845 GARFIELD ST	
CITY-ST-ZIP HOLLYWOOD FL 33020	
TITLE FINANCIAL OFFICER / MEMBER <input type="checkbox"/> Delete	
NAME VEJAIANAN SOOKOO	
STREET ADDRESS 1845 GARFIELD ST	
CITY-ST-ZIP HOLLYWOOD FL 33020	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

Date **01-07-03** Daytime Phone # **954 921 1819**

CR2E083 (10/02)