

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 09, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000012544
 1. Entity Name
 BUCKHORN PROPERTY HOLDINGS, LLC



Principal Place of Business Mailing Address
 1502 N. ABALONE TERRACE 1502 N. ABALONE TERRACE
 HERNANDO, FL 34442 HERNANDO, FL 34442

DO NOT WRITE IN THIS SPACE



03032004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 02-0604510	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent
 JACOBSON, RICHARD A
 501 E. KENNEDY BLVD., SUITE 1700
 TAMPA, FL 33602

DO NOT WRITE 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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

U00000082276
 03/09/04-80023-004 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CHANCEY, MARVIN T JR 1502 N ABALONE TERR HERNANDO, FL 34442
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

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: Marvin T. Chancey, Jr. MARVIN T. CHANCEY, JR. 3/5/04 352-726-6464
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #