


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2007 08:00 A
Secretary of State

DOCUMENT # L02000030109 1. Entity Name BUSTA, LLC	
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Principal Place of Business 1037 5TH AVENUE N NAPLES, FL 34102	Mailing Address 1037 5TH AVENUE N NAPLES, FL 34102
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DO NOT WRITE IN THIS SPACE



01172007 No Chg-LLC	CR2E083 (11/05)
4. FEI Number 03-0497419	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GRABINSKI, MATTHEW L ESQ
 GARLICK, STETLER & PEEPLES, LLP
 4001 TAMiami TRIL. NORTH 300
 NAPLES, FL 34103

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 _____

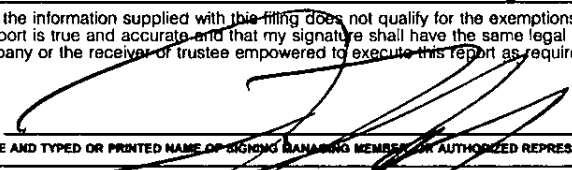
**Filing Fee is \$50.00
 Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GULLIFORD, JOHN T 2120 SHAD COURT NAPLES, FL 34102
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 04/29/07-80003-019 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  **4/15/07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #