


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 07, 2008 08:00 A
Secretary of State

DOCUMENT # L02000030109
1. Entity Name
BUSTA, LLC



Principal Place of Business Mailing Address
1037 5TH AVENUE N **1037 5TH AVENUE N**
NAPLES, FL 34102 **NAPLES, FL 34102**

DO NOT WRITE IN THIS SPACE



02262008 No Chg-LLC CR2E083 (12/07)

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 _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

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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04/17/08-80017-002 138.75

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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 606, Florida Statutes.

SIGNATURE:  **4/1/08** **263-4224**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

John T. Gulliford