2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DOCUMENT # L02000033338

GREGORY R. BUCHANAN AND FAMILY, LLC



FILED Mar 31, 2005 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

1135 JAGUAR CIRCLE GULF BREEZE, FL 32563

362 GULF BREEZE PARKWAY, NUMBER 107 GULF BREEZE, FL 32561-4493



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03282005 No Cha-LLC

CR2E083 (10/03)

4. FEI Number 02-0685810 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional

Fee Required

6. Name and Address of Current Registered Agent

BUCHANAN, GREGORY R 1155 JAGUAR CIRCLE GULF BREEZE, FL 32563

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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 file if applicable.

(NOTE Registered Agent signature required when relinstating)

Filing Fee is \$50.00 Due by May 1, 2005

9.	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BUCHANAN, MARGARET AGNES 47 CALLE MELINDA RANCHO SANTA MARGARITA, CA 92688
TITLE NAME STHEET ADDRESS CITY-ST-ZIP	MGRM BUCHANAN, GREGORY RAY 1155 JAGUAR CIRCLE GULF BREEZE, FL 32563
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RICE, DORILYN B. 8 ST GEORGE COURT COTO DE CAZA, CA 92679
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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

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