2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jan 18, 2005 08:00 AM Secretary of State **DOCUMENT # L03000028416 BUCK DEVELOPMENT, LLC** Mailing Address Principal Place of Business 93 MARTIN ROAD 93 MARTIN ROAD LIVINGSTON, NJ 07039 LIVINGSTON, NJ 07039 01102005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-1821868 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WICKMAN & WYCKOFF, P.A. DO NOT WRITE **4909 MANATEE AVENUE WEST** BRADENTON, FL 34209 IN THIS SPACE \$. 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) U00000182458 01/19/05-80027-021 50.00 Filing Fee is \$50.00 Due by May 1, 2005 MANAGING MEMBERS/MANAGERS 9. MGR TITLE CACOSSA, VALERIE NAME STREET ADDRESS 93 MARTIN ROAD LIVINGSTON, NJ 07039 CITY-ST-ZIP mle NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP MLE NAME STREET ADDRESS

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 Valerie Caco-La

CITY-ST-ZIP
TIFLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

1/12/05

Daytime Phone #