

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 01, 2007 8:00 am
Secretary of State

03-01-2007 90193 050 ****50.00

DOCUMENT # L03000028416					
1. Entity Name BUCK DEVELOPMENT, LLC					
Principal Place of Business 93 MARTIN ROAD LIVINGSTON, NJ 07039			Mailing Address 93 MARTIN ROAD LIVINGSTON, NJ 07039		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 1544 Oakshire Lane			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Manasquan, NJ		4. FEI Number 59-1821868	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
Zip 08736		Country		02192007 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent WICKMAN & WYCKOFF, P.A. 4909 MANATEE AVENUE WEST BRADENTON, FL 34209			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 reissuing) _____ DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CACOSSA, VALERIE 93 MARTIN ROAD LIVINGSTON, NJ 07039		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CACOSSA KENNETH F. 1544 OAKSHIRE LANE MANASQUAN, NJ 08736	
Delete <input type="checkbox"/>			Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>		
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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 608, Florida Statutes.					
SIGNATURE: <i>Valerie Cacosso</i> <i>Valerie Cacosso</i> Feb 19 2007 973-492-5493					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					