## 2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT (AR)**

## FILED Mar 28, 2005 8:00 am Secretary of State DOCUMENT # L03000031021 03-28-2005 90294 011 \*\*\*\*50.00 BUCKLEY SEARCH GROUP, LLC Principal Place of Business Mailing Address 2501 JAEGER DRIVE DELRAY DEACH PL 33444 DELRAY BEACH FL 33444 2. Principal Place of Business 3. Mailing Address 246 NW 1st MOORE CR2E083 (10/04) 4. FEI Number Applied For 20-0163838 Not Applicable Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BUCKLEY, DANIEL P Street Address (P.O. Box Number is Not Acceptable) 2501 JAEGER DRIVE DELRAY BEACH FL 33444 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, typed of Registered Agent signature required when reinstating FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005 MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES TITLE MGRM TITLE Change ☐ Delete ☐ Addition 246 NW 69 # St. BOCA RATON, FL. 334 NAME BUCKLEY, DANIEL P NAME 2501 JAEGER DRIVE STREET ADDRESS STREET ADDRES DELRAY BEACH FL 33444 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7P TITLE ☐ Delete FILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

R. OR AUTHORIZED REPRESENTATIVE

Daytime Phone #