

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 16, 2006 8:00 am
Secretary of State

03-16-2006 90026 025 ****50.00

DOCUMENT # L03000031021					
1. Entity Name BUCKLEY SEARCH GROUP, LLC					
Principal Place of Business 246 NORTHWEST 69TH STREET BOCA RATON, FL 33487 US			Mailing Address 246 NORTHWEST 69TH STREET BOCA RATON, FL 33487 US		
2. Principal Place of Business 2194 KAYLEE DRIVE Suite, Apt. #, etc.		3. Mailing Address 2194 KAYLEE DRIVE Suite, Apt. #, etc.			
City & State THE VILLAGES		City & State THE VILLAGES		4. FEI Number 20-0163838	
Zip 32162		Country U.S.A.		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BUCKLEY, DANIEL P 246 NORTHWEST 69TH STREET BOCA RATON, FL 33487			7. Name and Address of New Registered Agent Name: DANIEL P. BUCKLEY Street Address (P.O. Box Number is Not Acceptable): 2194 KAYLEE DRIVE City: THE VILLAGES FL Zip Code: 32162		
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: DANIEL P. BUCKLEY (NOTE: Registered Agent signature required when reinstating) DATE: 3-11-6					
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BUCKLEY, DANIEL P 246 NORTHWEST 69TH STREET BOCA RATON, FL 33487	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM DANIEL P. BUCKLEY 2194 KAYLEE DRIVE THE VILLAGES, FL 32162	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: DANIEL P. BUCKLEY (Signature and Typed Name) DATE: 3-11-6 DAYTIME PHONE #					