

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90054 017 ****50.00

DOCUMENT # L03000041723

1. Entity Name
BUCKINGHAM PROPERTY DEVELOPMENT LLC



Principal Place of Business
950 CELEBRATION BLVD
A
CELEBRATION, FL 34747

Mailing Address
950 CELEBRATION BLVD
CELEBRATION, FL 34747

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite A

City & State

City & State

Zip

Country

Zip

Country

01172005 Chg-LLC CR2E083 (10/03)

4. FEI Number

~~52-2442152~~ 52-2442152

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

AGENTS AND CORPORATIONS, INC.
SUITE E, 773 4TH AVE. NORTH
NAPLES, FL 34102

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME LEGGETT, MICHAEL J MR
STREET ADDRESS 950 CELEBRATION BLVD
CITY-ST-ZIP CELEBRATION, FL 34747

TITLE MGRM ☐ Delete
NAME MURDOCH, RICHARD MR
STREET ADDRESS 950 CELEBRATION BLVD
CITY-ST-ZIP CELEBRATION, FL 34747

TITLE MGRM ☐ Delete
NAME BUSUTTIL, JOHN MR
STREET ADDRESS 950 CELEBRATION BLVD
CITY-ST-ZIP CELEBRATION, FL 34747

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Change ☒ Addition
NAME Paul Mitchell
STREET ADDRESS 950 Celebration Blvd., Suite A
CITY-ST-ZIP Celebration, FL 34747

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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.

SIGNATURE:

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

4/27/05

Date

Daytime Phone #