2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 09, 2008
Secretary of State

DOCUMENT# L03000044955

Entity Name: BUCKHORN INVESTMENTS, LLC

Current Principal Place of Business:

1827 HARRISON AVENUE
BLDG. #1
PANAMA CITY, FL 32405

New Principal Place of Business:

Current Mailing Address:

1827 HARRISON AVENUE
BLDG. #1
PANAMA CITY, FL 32405

New Mailing Address:

FEI Number: 20-0444854 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILLIAMS, JACK G
502 HARMON AVENUE
PANAMA CITY, FL 32401 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title:	P	( ) Delete
Name:	COMBS, SAMUEL MD	
Address:	1827 HARRISON AVENUE	
City-St-Zip:	PANAMA CITY, FL 32405	
Title:	MGRM	( ) Delete
Name:	WILLIAMS, RAFAEL M MD	
Address:	1827 HARRISON AVENUE	
City-St-Zip:	PANAMA CITY, FL 32405	
Title:	MGRM	( ) Delete
Name:	MITCHELL, THOMAS C MD	
Address:	1827 HARRISON AVE	
City-St-Zip:	PANAMA CITY, FL 32405	
Title:	MGRM	( ) Delete
Name:	GAISER, CORY R DO	
Address:	1827 HARRISON AVE	
City-St-Zip:	PANAMA CITY, FL 32405	
Title:	MGRM	( ) Delete
Name:	NOBLE, MICHAEL C MD	
Address:	1827 HARRISON AVE	
City-St-Zip:	PANAMA CITY, FL 32405	
Title:	MGRM	( ) Delete
Name:	DIETRICH, DAVID R MD	
Address:	1827 HARRISON AVE	
City-St-Zip:	PANAMA CITY, FL 32405	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: SAMUEL L COMBS, III, MD P 05/09/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date