## 2005 LIMITED LIABILITY COMPANY

## Jan 10, 2005 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # L03000054243** 01-10-2005 90055 028 \*\*\*\*50.00 WHITE BUFFALO HOLDINGS, LLC Principal Place of Business Mailing Address 20000753 PO BOX 568868 1236 WEST KALEY ORLANDO, FL 32856 ORLANDO, FL 32856 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01062005 CR2E083 (10/03) Chg-LLC City & State 4. FEI Number Applied For City & State 20-0503489 Not Applicable Ziρ Country Ζiρ Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name AAGAARD, CINDY Street Address (P.O. Box Number is Not Acceptable) 1236 WEST KALEY ORLANDO, FL 32856 Zip Code City 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) Filing Fee is \$50.00 Due by May 1, 2005 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS tů. ADDITIONS/CHANGES MGRM ☐ Addition ☐ Change TITLE ☐ Detete TITLE HUGHES, ROBERT S NAME PO BOX 568868 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO, FL. 32856 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Detete ☐ Change ☐ Addition TITLE TIDE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition TITE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition MILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition MILE □ Delete TITLE 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.

FILED