


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90133 002 ****50.00

DOCUMENT # L03000054243 1. Entity Name WHITE BUFFALO HOLDINGS, LLC					
Principal Place of Business 1236 WEST KALEY ORLANDO, FL 32856			Mailing Address PO BOX 568868 ORLANDO, FL 32856		
2. Principal Place of Business 10 N Summerlin Ave Suite, Apt. #, etc. Unit 21		3. Mailing Address Suite, Apt. #, etc. 			
City & State Orlando FL		City & State 		4. FEI Number 20-0503489	
Zip 32801		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent AAGAARD, CINDY 1236 WEST KALEY ORLANDO, FL 32856			7. Name and Address of New Registered Agent Name Cindy Aagaard Street Address (P.O. Box Number is Not Acceptable) 10 N Summerlin Ave Unit 21 City Orlando FL Zip Code 32801		
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 <u><i>Cindy Aagaard</i></u> <u><i>Cindy Aagaard</i></u> <u><i>7/19/06</i></u> <small>Signature typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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 HUGHES, ROBERT S PO BOX 568868 ORLANDO, FL 32856	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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: <u><i>X Robert S. Hughes</i></u> <u><i>Robert S. Hughes</i></u> <u><i>7/19/06</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					

407-849-6570