

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2005 8:00 am
Secretary of State

04-21-2005 90029 046 ****50.00

DOCUMENT # L04000001642 1. Entity Name BUCKSTONE PROPERTY, LLC			
Principal Place of Business 1021 ALMERIA AVENUE CORAL GABLES, FL 33134		Mailing Address 1021 ALMERIA AVENUE CORAL GABLES, FL 33134	
2. Principal Place of Business <div style="border: 1px solid black; padding: 2px;">811 MALAGA AVE</div> Suite, Apt. #, etc.		3. Mailing Address <div style="border: 1px solid black; padding: 2px;">811 MALAGA AVE</div> Suite, Apt. #, etc.	
City & State <div style="border: 1px solid black; padding: 2px;">CORAL GABLES, FLORIDA</div>		City & State <div style="border: 1px solid black; padding: 2px;">CORAL GABLES, FLORIDA</div>	
Zip <div style="border: 1px solid black; padding: 2px;">33134</div>		Zip <div style="border: 1px solid black; padding: 2px;">33134</div>	
4. FEI Number 56-2430780		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent DAGER, PATRICIA 1021 ALMERIA AVENUE CORAL GABLES, FL 33134		7. Name and Address of New Registered Agent Name <div style="border: 1px solid black; padding: 2px;">WAGNER, ROBERT</div> Street Address (P.O. Box Number is Not Acceptable) <div style="border: 1px solid black; padding: 2px;">811 MALAGA AVE</div> City <div style="border: 1px solid black; padding: 2px;">CORAL GABLES</div> <div style="float: right; text-align: right;"> FL Zip Code <div style="border: 1px solid black; padding: 2px;">33134</div> </div>	
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 <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<div style="border: 1px solid black; padding: 2px; text-align: center;">ROBERT WAGNER</div> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DAGER, PATRICIA TRUSTEE 1021 ALMERIA AVENUE CORAL GABLES, FL 33134 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="border: 1px solid black; padding: 2px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="border: 1px solid black; padding: 2px;"> <input type="checkbox"/> Delete </div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="border: 1px solid black; padding: 2px;"> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition </div>
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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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<div style="border: 1px solid black; padding: 2px; text-align: center;">ROBERT WAGNER</div> <small>Date</small> 4/9/05 <small>Daytime Phone #</small> 305-461-5079	