LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L 0 4000002179

1. Entity Name

BUCKAINLLC



FILED Apr 06, 2005 8:00 am Secretary of State 04-06-2005 90021 015 ****50.00

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	OT WRITE		
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					1, 915				
2. Principal F	Place of Busin	ness	3. Mailing Address						
415 EDGEMERE WAY N.		415 EDGEMERE WAY N.		11.					
Suite, Apt. #, etc.		Suite, Apt. #, etc.	CIFICE VVIII		DO NO	OT WRITE IN THIS SP	ACE		
			, , , , , , , , , , , , , , , , , , , ,			5014	21 WHITE IN 11113 ST	AUL	
City & Stat	te	_	City & State		·	4. FEI Number		Applied For	
NAPLES FLA.		NAPLES, FLA			80-0091963 Not Applicable				
7in		Country COLLIER	Zip Country			\$5.00 A.M.			
341	05	COLLIER	34105 Co.		ER	5. Certificate of Status Desired Fee Required			
	1					7. Name and Address of Current Registered Agent			
		Hel ^t	. 7 AS	Nam	e la/a	PARICE B	1/2 16		
20 M	is D	W TON O	RIIE	Stron	at Address (B	RREN E. [3] RO. Box Number is Not Acc	OCKEY	***	
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	_	N THIS SP	AUE						
			4						
	:			City	NA	LES	FL	Zip Code 34105	
8. The above	named entit	y submits this statement for	the purpose of changi	na its reaistered offic		d agent, or both, in the Sta	e of Florida. Lam fam		
	tions of regist		and part passes on onlaring,	ng no regiotores conc	o or rogistara	a agont, or both, at the old	e or rionda. Familian	mar with, and accept	
SIGNATURE .	Signature broad	or printed name of registered agent a	ad title if applies ble						
	Signature, typeo	or printed harve or registered agent a	nd the wappingapie.		19.9	······································	DATE		
				FEE IS \$50.0					
			Make Check Pa	ayable to Florida	** = 1.0 m = 1.0 m = 1.0 m	it of State			
				DUE BY MAY	1				
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	ortify that the	information constinut with	this filing does not a set	Minimum	- 1010 - 5	* 440.07/0/(*) E	Profession of the Control of the Con	Application of the second	
indicated	on this repor	e information supplied with t is true and accurate and t ny or the receiver or trustee	hat my signature shall i	have the same legal e	effect as if ma	tion 119.07(3)(i), Florida Sta ade under oath; that I am a r 608, Florida Statutes.	atutes. I further certify managing member o	r that the information or manager of the	

RINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE