


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jul 25, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L04000004650</b> 1. Entity Name <b>BUCKLEY, LLC</b>	
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Principal Place of Business <b>1037 NORTH HALIFAX DRIVE ORMOND BEACH, FL 32176</b>	Mailing Address <b>1037 NORTH HALIFAX DRIVE ORMOND BEACH, FL 32176</b>
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**DO NOT WRITE IN THIS SPACE**



07192006No Chg-LLC

CR2E083 (11/05)

4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

**BUCKLEY, DENNIS M  
1037 NORTH HALIFAX DRIVE  
ORMOND BEACH, FL 32176**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
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 September 6, 2006**

000000572293  
07/25/06-80024-013 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BUCKLEY, DENNIS M 1037 NORTH HALIFAX DRIVE ORMOND BEACH, FL 32176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BUCKLEY, LOIS A 1037 NORTH HALIFAX DRIVE ORMOND BEACH, FL 32176
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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:** Lois A. Buckley 7-21-06 386-441-3630  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #