2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 28, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000022234

1. Entity Name
BUCHETTE INVESTMENTS, LLC

Principal Place of Business	Mailing Address
20 SOUTH 4TH STREET 914 ATLANTIC AVENUE FERNANDINA BEACH, FL 32034 US	20 SOUTH 4TH STREET 914 ATLANTIC AVENUE FERNANDINA BEACH, FL 32034 US

01232008 No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1107207
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

BUCHANAN, CLAYTON
914 ATLANTIC AVENUE 1-D
FERNANDINA BEACH, FL 32034

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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)

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	BUCHANAN, CLAYTON
STREET ADDRESS	914 ATLANTIC AVENUE 1-D
CITY-ST-ZIP	FERNANDINA BEACH, FL 32034
TITLE	MGRM
NAME	GILLETTE, NICK
STREET ADDRESS	20 SOUTH 4TH STREET
CITY-ST-ZIP	FERNANDINA BEACH, FL 32034
TITLE	MGRM
NAME	GILLETTE, ASA
STREET ADDRESS	20 S 4TH STREE T
CITY-ST-ZIP	FERNANDINA BEACH, FL 32034
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000799779
01/30/08-80091-023 138.75

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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: _____ 01/24/08 904-261-8249
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #