



**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 11, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L04000036800</b> 1. Entity Name <b>BUCKLAND LLC</b>	
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Principal Place of Business <b>27241 HIDDEN RIVER COURT BONITA SPRINGS, FL 34134</b>	Mailing Address <b>27241 HIDDEN RIVER COURT BONITA SPRINGS, FL 34134</b>
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**DO NOT WRITE IN THIS SPACE**



01092008 No Chg-LLC      CR2E083 (12/07)

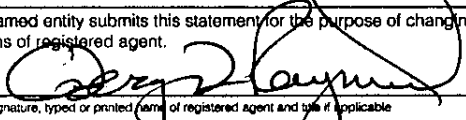
4. FEI Number <b>20-1361961</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**RAYMOND, GEORGE F  
27241 HIDDEN RIVER COURT  
BONITA SPRINGS, FL 34134**

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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: 1/8/08

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**

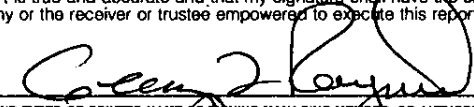
U000000773756  
01/11/08-80050-006 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM RAYMOND, GEORGE F 27241 HIDDEN RIVER COURT BONITA SPRINGS, FL 34134</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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:  DATE: 1/8/08 DAYTIME PHONE #: 239-948-9453

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE