


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

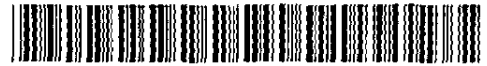
**FILED**  
**Mar 13, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # L04000054689  
 1. Entity Name  
 BUCKLES AND ASSOCIATES - LIMITED LIABILITY COMPANY



Principal Place of Business      Mailing Address  
 740 B COUSIN TOWN ROAD      PO BOX 232  
 INTERLACHEN, FL 32148      INTERLACHEN, FL 32148

**DO NOT WRITE IN THIS SPACE**



02232006 No Chg-LLC      CR2E083 (11/05)

4. FEI Number      Applied For  
 54-2161964      Not Applicable

5. Certificate of Status Desired       \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
 DUTY, LARRY  
 740 B COUSIN TOWN ROAD  
 INTERLACHEN, FL 32148

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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 reappointing)

**Filing Fee is \$50.00**  
**Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	DUTY, DORA
STREET ADDRESS	740 B COUSIN TOWN ROAD
CITY-ST-ZIP	INTERLACHEN, FL 32148
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

00000466531  
 03/23/06-80011-028 50.00

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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 603, Florida Statutes.

SIGNATURE: *Larry Duty Dora Duty*      3-8-06      386-684-3566  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #