2005 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # L04000078976

1. Entity Name
BUFFALO BAYOU ENTERPRISES, L.L.C.

FILED
05 MAY -4 AM 8:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
757 EAST HIGHWAY 98 SUITE 15 DESTIN, FL 32541	757 EAST HIGHWAY 98 SUITE 15 DESTIN, FL 32541

05032005 Chg-LLC CR2E093 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc. n/a	Suite, Apt. #, etc. n/a
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 20-1858796 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GILMORE, ROBERT A ESQ 4475 LEGENDARY DRIVE DESTIN, FL 32541	Name n/a Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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)

Amended AR is ~~$50.00~~

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR CLARK, RICHARD L 757 EAST HIGHWAY 98 SUITE 15 DESTIN, FL 32541	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM Kellie L. Clark 757 East Highway 98 Ste15 Destin, FL 32541	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR BERRY, MATTHEW F 757 EAST HIGHWAY 98 SUITE 15 DESTIN, FL 32541	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	200054220902 05/10/05--01074--001 **50.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM BERRY, AMY M 757 EAST HIGHWAY 98 SUITE 15 DESTIN, FL 32541	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	JR 5/4	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Kellie L. Clark Kellie L. Clark 5-3-05 850-496-1101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #