2005 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
05 AUG -4 PM 3:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L04000078976

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

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

Mailing Address
757 EAST HIGHWAY 98 SUITE 15
DESTIN, FL 32541

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip | Country

08042005 Chg-LLC CR2E080 (10/03)

4. FEI Number 20-1858798 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent
COLOWICH, JOHN F ATTY
4300 LEGENDARY DRIVE
SUITE 202
DESTIN, FL 32541

7. Name and Address of New Registered Agent
Name
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

Amended AR is $50.00

Make check payable to: Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	☑ Delete
NAME	CLARK, KELLIE L	
STREET ADDRESS	757 EAST HIGHWAY 98, STE 15	
CITY-ST-ZIP	DESTIN, FL 32541	
TITLE	MGRM	☐ Delete
NAME	BERRY, AMY M	
STREET ADDRESS	757 EAST HIGHWAY 98, SUITE 15	
CITY-ST-ZIP	DESTIN, FL 32541	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	400058693714	☐ Change ☐ Addition
NAME	08/17/05--01040--001 **50.00	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 the report as required by Chapter 605, Florida Statutes.

SIGNATURE: X Amy M. Berry 8/4/05 (850)830-2000
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone