2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 12, 2006
Secretary of State

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Entity Name: BUCKHEAD EQUITIES, LLC

Current Principal Place of Business:

5139 EDGEWOOD COURT
JACKSONVILLE, FL 32254

New Principal Place of Business:

Current Mailing Address:

5139 EDGEWOOD COURT
JACKSONVILLE, FL 32254

New Mailing Address:

FEI Number: 59-3793304 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MOTOLAW, INC.
50 NORTH LAURA STREET, STE. 2500
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

MOTOLAW, INC.
50 NORTH LAURA STREET
SUITE 2500
JACKSONVILLE, FL 32202 US

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.

SIGNATURE: 04/12/2006
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	KLEMPF, JACQUES	
Address:	5139 EDGEWOOD COURT	
City-St-Zip:	JACKSONVILLE, FL 32254	
Title:	MGRM	( ) Delete
Name:	STEVENON, PAUL	
Address:	5139 EDGEWOOOD COURT	
City-St-Zip:	JACKSONVILLE, FL 32254	
Title:	MGRM	( ) Delete
Name:	KLEMPF, SHELLEY	
Address:	5139 EDGEWOOD COURT	
City-St-Zip:	JACKSONVILLE, FL 32254	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: PAUL STEVENSON MGRM 04/12/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date