

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90040 019 ****50.00

DOCUMENT # L04000083385

1. Entity Name
BUCKHEAD EQUITIES, LLC



Principal Place of Business
**5139 EDGEWOOD COURT
JACKSONVILLE, FL 32254**

Mailing Address
**5139 EDGEWOOD COURT
JACKSONVILLE, FL 32254**



03292007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3793304

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

S.P. Stevenson
5139 Edgewood Ct.
Jacksonville, FL 32254

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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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
KLEMPF, JACQUES
5139 EDGEWOOD COURT
JACKSONVILLE, FL 32254**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
STEVENON, PAUL
5139 EDGEWOOD COURT
JACKSONVILLE, FL 32254**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
KLEMPF, SHELLEY
5139 EDGEWOOD COURT
JACKSONVILLE, FL 32254**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

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

Date

Daytime Phone #

S.P. Stevenson

4/5/07

904-783-0522