

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 05, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000086886

1. Entity Name

BUSTER COLEMAN ENTERPRISE, LLC



Principal Place of Business

**876 SWEETWATER ISLAND CIRCLE
LONGWOOD, FL 32779**

Mailing Address

**876 SWEETWATER ISLAND CIRCLE
LONGWOOD, FL 32779**



01112006 No Chg-LLC

CRZE083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FCI Number
NOT APPLICABLE

Applied For
☒ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

8. Name and Address of Current Registered Agent

**JURGENS, J.A. A ESQ
J.A. JURGENS, P.A.
505 WEKIVA SPRINGS ROAD, SUITE #500
LONGWOOD, FL 32779**

**DO NOT WRITE
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 rotating)

DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR CHILTON, PENNY 876 SWEETWATER ISLAND CIRCLE LONGWOOD, FL 32779
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM COLEMAN, JEAN ANN 1708 GARDINER LANE LOUISVILLE, KY 40205
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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04/19/06-00087-014 50.00

**DO NOT WRITE
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:

Penny Chilton Penny Chilton

4-3-06

407-869-9402

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

Date

CHRYSTIE PHONE #