


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 05, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L04000086886</b> 1. Entity Name BUSTER COLEMAN ENTERPRISE, LLC	
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Principal Place of Business 876 SWEETWATER ISLAND CIRCLE LONGWOOD, FL 32779	Mailing Address 876 SWEETWATER ISLAND CIRCLE LONGWOOD, FL 32779
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DO NOT WRITE IN THIS SPACE



03022008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. 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
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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: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

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
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U00000848245  
03/20/08-80009-019 138.75

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: <u>Penny Chilton (Penny Chilton)</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	3-3-08 <small>Date</small>	407-869-9402 <small>Daytime Phone #</small>
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