


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 19, 2007 8:00 am
Secretary of State

02-19-2007 90199 029 ****50.00

DOCUMENT # L04000092913

1. Entity Name
BUCK INVESTMENTS GROUP, LLC



Principal Place of Business
7591 N.W. 7TH STREET
MIAMI, FL 33126

Mailing Address
7591 N.W. 7TH STREET
MIAMI, FL 33126

60016672



2. Principal Place of Business - No P.O. Box #
8011 N.W. 14TH STREET

Suite, Apt. #, etc.

3. Mailing Address
8011 N.W. 14TH STREET

Suite, Apt. #, etc.

City & State
MIAMI, FLORIDA 33126

Zip Country
33126 MIAMI-DADE

02072007 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-2228815

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

8. Name and Address of Current Registered Agent

GUISASOLA, JORGE
7591 NW 7 ST
MIAMI, FL 33126

7. Name and Address of New Registered Agent

Name
JORGE GUISASOLA

Street Address (P.O. Box Number is Not Acceptable)
8011 NW 14TH STREET

City **MIAMI** State **FL** Zip Code **33126**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GUISASOLA, JORGE SR 7841 S.W. 89TH AVE. MIAMI, FL 33173	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT JORGE GUISASOLA 8011 NW 14TH STREET MIAMI, FL 33126	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 GROWING/MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date _____ Daytime Phone # _____