


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 19, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L05000002262</b> 1. Entity Name <b>BUSTER PROPERTIES JAX, LLC</b>	
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Principal Place of Business <b>2178 NW 30 RD. BOCA RATON, FL 33431</b>	Mailing Address <b>2178 NW 30 RD. BOCA RATON, FL 33431</b>
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<b>DO NOT WRITE IN THIS SPACE</b>
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02122007 No Chg-LLC CR2E083 (11/05)

4. FEI Number <b>59-3794789</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>CORDES, MARLYS 2178 NW 30 RD. BOCA RATON, FL 33431</b>
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<b>DO NOT WRITE IN THIS SPACE</b>
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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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<b>Filing Fee is \$50.00 Due by May 1, 2007</b>
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CORDES, MARLYS 2178 NW 30 RD. BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CORDES, MICHAEL 2178 NW 30 RD. BOCA RATON, FL 33431
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<p>U000000672809 03/29/07-80004-002 50.00</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
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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>MICHAEL A. CORDES, Managing Mem.</u> 3/12/07 561-213-7621 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	Date	Daytime Phone #
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