


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 23, 2006 8:00 am
Secretary of State

02-23-2006 90228 023 ****50.00

DOCUMENT # L05000029399	
1. Entity Name BUCKEYE GROUP VENTURES LLC	

Principal Place of Business 25130 GOLDCREST DRIVE #412 MYSTIC RIDGE-PELICAN LANDING BONIT SPRINGS, FL 34134	Mailing Address 25130 GOLDCREST DRIVE #412 MYSTIC RIDGE-PELICAN LANDING BONIT SPRINGS, FL 34134
---	---

20009878



2. Principal Place of Business 25150 Ridge Oak Dr.	3. Mailing Address 25150 Ridge Oak Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

01262006 Chg-LLC CR2E083 (11/05)

City & State Bonita Springs, FL	City & State Bonita Springs, FL
Zip 34134	Zip 34134
Country USA	Country USA

4. FEI Number 20-2571545-	Applied For <input type="checkbox"/> Not Applicable
-------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent ZOBRIST, DOUGLAS 25130 GOLDCREST DRIVE #412 MYSTIC RIDGE-PELICAN LANDING BONIT SPRINGS, FL 34134	
--	--

7. Name and Address of New Registered Agent	
Name Zobrist, Douglas	
Street Address (P.O. Box Number is Not Acceptable) 25150 Ridge Oak Dr.	
City Bonita Springs	Zip Code FL 34134

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

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

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ZOBRIST, DOUGLAS 25130 GOLDCREST DRIVE #412 BONIT SPRINGS, FL 34134 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ZOBRIST, BRIAN D 25130 GOLDCREST DRIVE #412 SYLVANIA, OH 43560 <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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 25150 Ridge Oak Dr. Bonita Springs, FL 34134
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 *Douglas Zobrist* **Douglas Zobrist, Member** 2/14/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

ATTACHMENT

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000029399 1. Entity Name BUCKEYE GROUP VENTURES LLC				20009878	
Principal Place of Business 25130 GOLDCREST DRIVE #412 MYSTIC RIDGE-PELICAN LANDING BONIT SPRINGS, FL 34134		Mailing Address 25130 GOLDCREST DRIVE #412 MYSTIC RIDGE-PELICAN LANDING BONIT SPRINGS, FL 34134			
2. Principal Place of Business 25150 Ridge Oak Dr. Suite, Apt. #, etc.		3. Mailing Address 25150 Ridge Oak Dr. Suite, Apt. #, etc.		01262006 Chg-LLC CR2E083 (11/05)	
City & State Bonita Springs, FL Zip Country 34134 USA		City & State Bonita Springs, FL Zip Country 34134 USA		4. FEI Number 20-2571545 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		6. Name and Address of Current Registered Agent ZOBRIST, DOUGLAS 25130 GOLDCREST DRIVE #412 MYSTIC RIDGE-PELICAN LANDING BONIT SPRINGS, FL 34134			
7. Name and Address of New Registered Agent Name Zobrist, Douglas Street Address (P.O. Box Number is Not Acceptable) 25150 Ridge Oak Dr. City Bonita Springs FL Zip Code 34134		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 <u><i>Douglas Zobrist</i></u> Douglas Zobrist DATE _____ <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small>			
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to: Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ZOBRIST, DOUGLAS 25130 GOLDCREST DRIVE #412 BONIT SPRINGS, FL 34134	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	25150 Ridge Oak Dr. Bonita Springs, FL 34134	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ZOBRIST, BRIAN D 25130 GOLDCREST DRIVE #412 SYLVANIA, OH 43560	<input type="checkbox"/> Delete	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"/> Delete	<input type="checkbox"/> Delete	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"/> Delete	<input type="checkbox"/> Delete	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"/> Delete	<input type="checkbox"/> Delete	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: <u><i>Douglas Zobrist</i></u> Douglas Zobrist, Member 2/14/06 <small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date Daytime Phone #		

ATTACHMENT

20069878

#L05000029399

PICKREL, SCHAEFFER AND EBELING

PAUL J. WINTERHALTER
PAUL E. ZIMMER
ALAN B. SCHAEFFER
ANDREW C. STORAR
JON M. ROSEMEYER
JAMES W. KELLEHER
JAMES L. JACOBSON**
JEFFREY S. SENNEY
L. MICHAEL BLY
MICHAEL W. SANDNER
GREGORY S. PAGE*

* Also licensed in KY
** Also licensed in FL
*** Also licensed in FL and MI
**** Also licensed in NY

A LEGAL PROFESSIONAL ASSOCIATION

2700 KETTERING TOWER

40 NORTH MAIN STREET

DAYTON, OHIO 45423-2700

937/223-1130

FACSIMILE 937/223-0339

www.pselaw.com

DAVID H. MONTGOMERY
R. JOSEPH WESSENDARP
JOSEPH P. MATTERA****
GERALD L. McDONALD***
MATTHEW T. JEWSON
SUZANNE P. BECK**
SARAH B. CARTER

OF COUNSEL
DONALD G. SCHWELLER
THOMAS J. HARRINGTON
IRA H. THOMSEN

February 15, 2006

VIA-CERTIFIED MAIL

Florida Department of State
Division of Corporations
P.O. Box 6478
Tallahassee, FL 32314

Re: **Buckeye Group Ventures LLC**

Dear Sir/Madam:

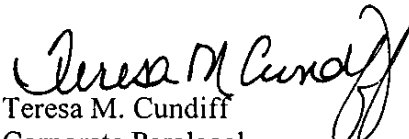
Enclosed please find the original and one (1) copy of the 2006 Limited Liability Company Annual Report for Buckeye Group Ventures LLC. At your first opportunity, please file the enclosed annual report and return the extra file-stamped copy to the undersigned in the enclosed self-addressed, stamped envelope.

Also enclosed is a check in the amount of \$50.00 for payment of the filing fee.

Thank you for your assistance in this matter. If you have any questions or need additional information, please contact the undersigned.

Sincerely,

PICKREL, SCHAEFFER AND EBELING CO., L.P.A.


Teresa M. Cundiff
Corporate Paralegal

/tmc
Enclosures