

**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**



**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.**

3. Mailing Address  
**25150 Ridge Oak Dr.**

Suite, Apt. #, etc.

01262006 Chg-LLC CR2E083 (11/05)

City & State  
**Bonita Springs, FL**

Zip  
**34134**

Country  
**USA**

4. FEI Number  
**20-2571545-**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$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**

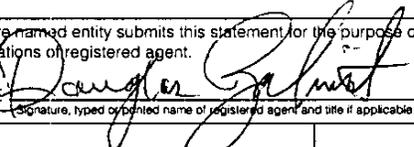
Street Address (P.O. Box Number is Not Acceptable)  
**25150 Ridge Oak Dr.**

City  
**Bonita Springs**

State  
**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  **Douglas Zobrist** DATE \_\_\_\_\_

(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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
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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, Member** Date **2/14/06**

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

# ATTACHMENT

## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

20009878

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	
2. Principal Place of Business 25150 Ridge Oak Dr. Suite, Apt. #, etc.		3. Mailing Address 25150 Ridge Oak Dr. Suite, Apt. #, etc.	
City & State Bonita Springs, FL		City & State Bonita Springs, FL	
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		01262006 Chg-LLC CR2E083 (11/05)	
6. Name and Address of Current Registered Agent ZOBRIK, 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 <i>Douglas Zobrist</i> Douglas Zobrist DATE _____ <small>(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 ZOBRIK, DOUGLAS 25130 GOLDCREST DRIVE #412 BONIT SPRINGS, FL 34134 <input type="checkbox"/> Delete	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	MGRM ZOBRIK, 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
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SIGNATURE: <i>Douglas Zobrist</i> Douglas Zobrist, Member		Date: 2/14/06	
<small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Daytime Phone #</small>	

ATTACHMENT

20009879

#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

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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