

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000029399

FILED
Apr 23, 2008
Secretary of State

Entity Name: BUCKEYE GROUP VENTURES LLC

Current Principal Place of Business:

25150 RIDGE OAK DR
BONIT SPRINGS, FL 34134

New Principal Place of Business:

25150 RIDGE OAK DR
BONITA SPRINGS, FL 34134

Current Mailing Address:

25150 RIDGE OAK DR
BONIT SPRINGS, FL 34134

New Mailing Address:

25150 RIDGE OAK DR
BONITA SPRINGS, FL 34134

FEI Number: 20-2571545

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZOBRIST, DOUGLAS
25150 RIDGE OAK DR
BONIT SPRINGS, FL 34134 US

Name and Address of New Registered Agent:

ZOBRIST, DOUGLAS
25150 RIDGE OAK DR
BONITA SPRINGS, FL 34134 US

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.

SIGNATURE:

04/23/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ZOBRIST, DOUGLAS
Address: 25150 RIDGE OAK DR
City-St-Zip: BONIT SPRINGS, FL 34134

Title: MGRM () Delete
Name: ZOBRIST, BRIAN D
Address: 25130 GOLDCREST DRIVE #412
City-St-Zip: SYLVANIA, OH 43560

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ZOBRIST, DOUGLAS
Address: 25150 RIDGE OAK DR
City-St-Zip: BONITA SPRINGS, FL 34134

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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

MGRM

04/23/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date