FILED
Mar 24, 2006 8:00 am
Secretary of State
03-13-2006 90349 039 ****50.00

3.

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000031956

1. Entity Name
BUSTER'S RESOURCE MANAGEMENT, LLC

30003283

Principal Place of Business	Mailing Address
19058 BOYER FIELDS PLACE LEESBURG, VA 20176	19058 BOYER FIELDS PLACE LEESBURG, VA 20176

02282006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business		3. Mailing Address	
		Buster Resource	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Po Box 1117	
City & State		City & State Sterling VA	
Zip	Country	Zip 20167	Country USA

4. FEI Number 81-0668210 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HOCTOR, JAMES J 215 N EOLA DR ORLANDO, FL 32801	Name Courtney Buster Street Address (P.O. Box Number is Not Acceptable) 7512 Dr. Phillips. Blvd St. 100 City Orlando FL Zip Code 32819

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 ______________________________ 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		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Courtney Buster 19058 Boyer Fields Pl. Leesburg VA 20176 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: C Buster 3-6-06 571-201-2399
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #