2006 LIMITED LIABILITY COMPANY

| ANNUAL REPORT | | | | | | Apr 13, 2000 08:00 AM | | | |
|--|-----------------------|-------------------------|-----------------------|------------|------------------|---|----------------------|---|-------------------------------|
| DOCUMENT # L05000047935 | | | | | | | Secret | tary of S | tate |
| 1. Entity Nam BUFFIN E | | RISES LLC | | | | r | | | |
| Principal Place | e of Busines | S | Mailing Address | | 1 | | | | |
| 5803 WESTPORT DR. | | | 5803 WESTPORT DR. | | | } | | | |
| PORT ORANG | | 27 | PORT ORANGE, FL 32127 | | | | | | |
| | | | | | | | | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | | | | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | 04082006 | Chg-LLC | CRZE083 (11/0 | |
| City & State | | | City & State | | | 4. FEI Number | · | <u> </u> | Applied For Not Applicable |
| Zip | Country | | Zip | Country: | | | of Status Desired | ☐ \$5.00 / Fee Requ | |
| | 6. Name | and Address of Current | | | | 7. Name and Address of New Registered Agent | | | |
| BUFFIN, R | ORERTA | .t | Name | | | | | | |
| 5803 WES | | | Street Address | | | (P.O. Box Number is Not Acceptable) | | | |
| PORT ORANGE, FL 32127 | | | | | | | | | |
| | | | | | City | | 1 | FL Zip C | ode |
| 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 Signature, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) OATE | | | | | | | | | |
| одиналив. прости при приняти в приняти в приняти приня | | | | | | | | | |
| Fi Di | ting Fee ue by May | is \$50.00 y 1, 2006 | | | | | | e check payable to L Department of S | |
| 8. | | MANAGING MEMBE | RS/MANAGERS | 10. | | | ADDITIONS | | |
| TITLE | MGR | DODERT N | ☐ Delete | TITL | ì | | | Chang | je 🔲 Addillon |
| NAME BUFFIN, ROBERT N STREET ADDRESS 6803 WESTPORT DR. | | | | NAM | EET ADDRESS | | | | |
| CITY-ST-ZIP | | RANGE, FL 32127 | | | -ST-ZIP | | s serverise en | minorio na ana | |
| TITLE | . • | | ☐ Delete | 101 | ——— { | | 100000 201 201 No | 0505414 -80114- 0 69~ | ACO (TIAMONO) |
| NAME | | | _ OCIDA | NAM |) | | 047 207 00 | OUTTA GOO. | ,00 (49) (hansa |
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| NAME STREET ADDRESS | | | | HAM S7R | E ET ADORESS | | | | |
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| STREET ADDRESS | | | = | | ET ADORESS | | | | |
| CHY-ST-ZIP | L | | | | -SI-ZIP | | · · | | |
| 11. Thereby certify that the information supplied with this lifting 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 of the receiver or trustee empowered to execute this report as required by Chapter 508, Florida Statutes. | | | | | | | | | |
| () 1 1 0 11. | | | | | | | | | |
| SIGNATURE: Koher Buffin 4/10/06 386566-5896 | | | | | | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SYDNING MANAGER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Deprime Proces | | | | | | | | | |