

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000052837

FILED  
May 07, 2008  
Secretary of State

Entity Name: BUFFALO NICKEL, LLC

## Current Principal Place of Business:

6921 PISTOL RANGE ROAD  
SUITE 101  
TAMPA, FL 33635

## New Principal Place of Business:

## Current Mailing Address:

6921 PISTOL RANGE ROAD  
SUITE 101  
TAMPA, FL 33635

## New Mailing Address:

FEI Number: 20-4677043      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

## Name and Address of New Registered Agent:

JOHNSON, LORI S  
6921 PISTOL RANGE ROAD  
SUITE 101  
TAMPA, FL 33635 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:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: FORINO, DONALD J  
Address: 6911 PISTOL RANGE ROAD, SUITE 101B  
City-St-Zip: TAMPA, FL 33635 US

Title: MGRM ( ) Delete  
Name: HARRIS, BRIAN  
Address: 6911 PISTOL RANGE ROAD, SUITE 101B  
City-St-Zip: TAMPA, FL 33635 US

Title: MGRM ( ) Delete  
Name: MORALES, JOSE  
Address: 6911 PISTOL RANGE ROAD, SUITE 101B  
City-St-Zip: TAMPA, FL 33635 US

Title: MGRM ( ) Delete  
Name: MUELLER, DONALD  
Address: 1707 SW 108TH ST  
City-St-Zip: GAINESVILLE, FL 32607 US

Title: MGRM ( ) Delete  
Name: PORTOFE, FRED  
Address: 6911 PISTOL RANGE RD  
City-St-Zip: TAMPA, FL 33635

Title: MGRM ( ) Delete  
Name: JOHNSON, LORI S  
Address: 9901 SADDLE RD.  
City-St-Zip: TAMPA, FL 33626

## ADDITIONS/CHANGES:

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

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

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

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

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

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: LORI S. JOHNSON

MGRM

05/07/2008

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