2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2009
Secretary of State

DOCUMENT# L05000052837

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 ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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 04/24/2009

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