


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90082 020 \*\*\*\*50.00

<b>DOCUMENT # L05000056232</b> 1. Entity Name BUCKEYE RIDGE PHASE II, LLC					
Principal Place of Business 1330 NW 6TH STREET SUITE A-1 GAINESVILLE, FL 32601			Mailing Address 1330 NW 6TH STREET SUITE A-1 GAINESVILLE, FL 32601		
2. Principal Place of Business 8828 SW 44th Lane		3. Mailing Address 8828 SW 44th Lane			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Gainesville, FL		City & State Gainesville, FL		4. FEI Number 20-3179874	
Zip 32608 Country US		Zip 32608 Country US		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent  CARNES, JAMES J 1330 NW 6TH STREET SUITE A-1 GAINESVILLE, FL 32601			7. Name and Address of New Registered Agent Name Roger Maris, Jr. Street Address (P.O. Box Number is Not Acceptable) 8828 SW 44th Lane City Gainesville FL Zip Code 32608		
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 <i>Roger E Maris Jr</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<i>Roger E Maris Jr</i> 4-27-06 <small>(NOTE: Registered Agent signature required when reinstating) DATE</small>			
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	MGRM CARNES, JAMES J 1330 NW 6TH STREET, SUITE A-1 GAINESVILLE, FL 32601	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CARNES, ROBERT M 1330 NW 6TH STREET, SUITE A-1 GAINESVILLE, FL 32601	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARIS, ROGER 1330 NW 6TH STREET, SUITE A-1 GAINESVILLE, FL 32601	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARIS, ROGER JR. 8828 SW 44th Lane Gainesville, FL 32608 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Roger E Maris Jr</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<i>Roger E Maris Jr</i> 352-318-0058 <small>Date Daytime Phone #</small>			