



2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 04, 2007 08:00 A
Secretary of State

DOCUMENT # L05000061623	
1. Entity Name BGUF INVESTORS, LLC	

Principal Place of Business 4208 W. CORONA ST TAMPA, FL 33629 US	Mailing Address 4208 W. CORONA ST TAMPA, FL 33629 US
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DO NOT WRITE IN THIS SPACE

	
05012007 No Chg-LLC	CR2E083 (11/05)
4. FEI Number 20-3071885	Applied For Not Applicable
5. Certificate of Status Desired. <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent CUSCOWILLA PARTNERS, LLC 4208 W. CORONA ST TAMPA, FL 33629

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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)</small>
DATE _____

Filing Fee is \$50.00 Due by May 1, 2007	U000000761400 05/25/07-80053-010 50.00
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR CASCADILLA PARTNERS LLC 4208 W CORONA ST TAMPA, FL 33629
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR BUF 225 INVESTMENTS LLC 1281 GULF TO MEXICO DR #1402 LONGBOAT KEY, FL 34228
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	

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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>Bryan Knight</i>	DATE: _____	Daytime Phone #: _____
<small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		