

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 26, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000062161

1. Entity Name
BUDDY'Z, L.L.C.



Principal Place of Business
**21101 N.E. 100TH AVENUE
EARLETON, FL 32631 US**

Mailing Address
**P.O. BOX 472
EARLETON, FL 32631 US**



03192007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**JOHN C. BOVAY, P.A.
901 N.W. 57TH STREET
GAINESVILLE, FL 32605**

**DO NOT WRITE
IN THIS SPACE**

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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
ARTHUR, MICHAEL G
577 SE 57TH AVE
MELROSE, FL 32666**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
ARIET, MARIO
577 SE 57TH AVE
MELROSE, FL 32666**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
SPINDLER, MARC
577 SE 57TH AVE
MELROSE, FL 32666**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
SHEELY, JOHN
577 SE 57TH AVE
MELROSE, FL 32666**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000679057
04/03/07-60022-016 55.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

MARIO ARIET, MANAGING PARTNER **3-20-07**
352-219-4426