


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90033 002 ***143.75

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
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60029599



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04232008 Chg-LLC CR2E083 (12/06)

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
JOHN C. BOVAY, P.A. 901 N.W. 57TH STREET GAINESVILLE, FL 32605		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

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 _____	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ARTHUR, MICHAEL G <input checked="" type="checkbox"/> Delete 577 SE 57TH AVE MELROSE, FL 32666	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ARIET, MARIO <input type="checkbox"/> Delete 577 SE 57TH AVE MELROSE, FL 32666	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing Partner <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Mario Ariet 21101 NE County Rd. 1469 Earleton, FL 33631
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SPINDLER, MARC <input type="checkbox"/> Delete 577 SE 57TH AVE MELROSE, FL 32666	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Partner <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Marc Spindler 21101 NE County Rd. 1469 Earleton, FL 33631
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SHEELY, JOHN <input type="checkbox"/> Delete 577 SE 57TH AVE MELROSE, FL 32666	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Partner <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition John Sheehy 21101 NE County Rd. 1469 Earleton, FL 33631
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	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: <u>MARIO ARIET</u>	4-23-08 352.468.2021
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date Daytime Phone #