## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## **DOCUMENT # L05000062208**

1. Entity Name

**BUCKEYE BUILDING, L.L.C.** 



FILED Apr 06, 2007 08:00 Al Secretary of State

Principal Place of Business

Mailing Address

1631 LAMBEAU AVENUE SEBRING, FL 33875 US 1631 LAMBEAU AVENUE SEBRING, FL 33875 U



DO NOT WRITE IN THIS SPACE

04042007 No Chg-LLC

4. FEI Number Applied For 20-3072107 Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

CR2E083 (11/05)

6. Name and Address of Current Registered Agent

MCCOLLUM, JAMES F 129 S. COMMERCE AVENUE SEBRING, FL 33870

SIGNATURE:

## 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.		; egistered 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 BRENNER, GENE 1631 LAMBEAU AVENUE SEBRING, FL 33875	U00000692347 04/13/07-80049-806 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RIMER, JAMES 1631 LAMBEAU AVENUE SEBRING, FL 33875	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-SI-ZIP	A STATE OF THE STA	
NAME STREET ADDRESS		

11. I hereby certify that the information supplied with this filling 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 hereviewer or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

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