

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000085221

FILED
May 02, 2006
Secretary of State

Entity Name: NOLE BUFF PROPERTIES, LLC

Current Principal Place of Business:

9915 TREE TOPS LAKE ROAD
TAMPA, FL 33626

New Principal Place of Business:

Current Mailing Address:

9915 TREE TOPS LAKE ROAD
TAMPA, FL 33626

New Mailing Address:

FEI Number: 20-3368697 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

DORMAN, MICHAEL
9915 TREE TOPS LAKE ROAD
TAMPA, FL 33626 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: DORMAN, MICHAEL
Address: 9915 TREE TOPS LAKE ROAD
City-St-Zip: TAMPA, FL 33626

Title: MGRM () Delete
Name: OLSON, TREVOR
Address: 10342 TENNYSON CT.
City-St-Zip: WESTMINSTER, CO 80031

Title: MGRM () Delete
Name: DORMAN, TED
Address: 9801 MAKO COURT
City-St-Zip: TAMPA, FL 33615

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MICHAEL DORMAN

P

05/02/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date