

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000113060

Entity Name: BUCKAROOS INVESTMENT LLC

FILED
Apr 28, 2006
Secretary of State

Current Principal Place of Business:

739 E. SILVER SPRINGS BLVD.
#207
OCALA, FL 34470

New Principal Place of Business:

2810 NE 14TH ST
OCALA, FL 34470

Current Mailing Address:

739 E. SILVER SPRINGS BLVD.
#207
OCALA, FL 34470

New Mailing Address:

2810 NE 14TH ST
OCALA, FL 34470

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DINKINS-BUCK, MICHELLE
739 E. SILVER SPRINGS BLVD.
#207
OCALA, FL 34470 US

Name and Address of New Registered Agent:

DINKINS-BUCK, MICHELLE
2810 NE 14TH ST
OCALA, FL 34470 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:

04/28/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: DINKINS-BUCK, MICHELLE
Address: 739 E. SILVER SPRINGS BLVD. #207
City-St-Zip: OCALA, FL 34470

Title: MGR () Delete
Name: HENRY, BARBARA J
Address: 3345 SE 53RD COURT
City-St-Zip: OCALA, FL 34471

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: DINKINS-BUCK, MICHELLE
Address: 2810 NE 14TH ST
City-St-Zip: OCALA, FL 34470

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: MICHELLE DINKINS-BUCK

MGR

04/28/2006

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