

**FILED**  
**Mar 17, 2008 8:00 am**  
**Secretary of State**

03-17-2008 90259 036 \*\*\*138.75

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

<b>DOCUMENT # L05000114814</b>			
1. Entity Name <b>BUFFINGTON DEVELOPMENT, LLC</b>			
Principal Place of Business <b>1700 SE 17TH STREET, SUITE 300 OCALA, FL 34471</b>		Mailing Address <b>1700 SE 17TH STREET, SUITE 300 OCALA, FL 34471</b>	
2. Principal Place of Business - No P.O. Box # <b>1415 SW 17TH ST</b>		3. Mailing Address <b>1415 SW 17TH ST</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>OCALA FL</b>		City & State <b>OCALA FL</b>	
Zip <b>34471</b>	Country <b>USA</b>	Zip <b>34471</b>	Country <b>USA</b>
6. Name and Address of Current Registered Agent <b>GOODING, W. JAMES III 1531 SE 36TH AVENUE OCALA, FL 34471</b>		4. FEI Number <b>APPLIED FOR 20-4577684</b>	
		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
7. Name and Address of New Registered Agent			
Name			
Street Address (P.O. Box Number is Not Acceptable)			
City		<b>FL</b> 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 _____			
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>		<b>Make check payable to Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MRG ARMSTRONG, CHRIS 5802 CHERRY RD OCALA, FL 34472</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>1415 SW 17TH Street OCALA, FL 34471</b> <input checked="" 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
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
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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: 		<b>3/4/08 352-624-0120</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	