
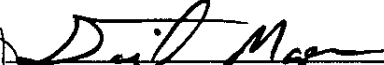


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 15, 2008 08:00 AM**  
**Secretary of State**

|  |  |  |   |  |                                    |
|--|--|--|---|--|------------------------------------|
| <b>DOCUMENT # L06000007599</b><br>1. Entity Name<br><b>BUDDY MAGNESS DEVELOPMENT, L.L.C.</b>   |  |  |   |   |                                    |
| Principal Place of Business<br><b>5640 LAKE GROVE DRIVE<br/>LAKELAND, FL 33809</b>   |  |  | Mailing Address<br><b>5640 LAKE GROVE DRIVE<br/>LAKELAND, FL 33809</b>  |  |                                    |
| 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   |  | 4. FEI Number<br><b>59-2497156</b> |
| 5. Certificate of Status Desired <input type="checkbox"/>  |  |  |   | <b>\$5.00</b> Additional Fee Required  |                                    |
| 6. Name and Address of Current Registered Agent<br><br><b>MAGNESS, HENRY HUGH<br/>5640 LAKE GROVE DRIVE<br/>LAKELAND, FL 33809</b>   |  |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;"><b>FL</b> Zip Code</span> |  |                                    |
| 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<br/>After May 1, 2008 Fee will be \$838.75</b>  |  | <b>Make check payable to<br/>Florida Department of State</b> |   |  |                                    |
| <b>9. MANAGING MEMBERS/MANAGERS</b>  |  |  | <b>10. ADDITIONS/CHANGES</b>  |  |                                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>MGRM<br/>MAGNESS, HENRY HUGH<br/>5640 LAKE GROVE DRIVE<br/>LAKELAND, FL 33809</b> <input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><div style="text-align: center; font-family: monospace;">           U000000899075<br/>           04/28/08-80024-003 138.75         </div> |                                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |                                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |                                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |                                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |                                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>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. |  |  |   |  |                                    |
| <b>SIGNATURE:</b>   |  |  |   |  |                                    |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  |  |  |   |  |                                    |
| Date _____ Daytime Phone # _____   |  |  |   |  |                                    |