


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

ACS

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<b>DOCUMENT # L06000009737</b> 1. Entity Name <b>BUCHANAN ENTERPRISES, LLC</b>					
Principal Place of Business <b>707 S. WASHINGTON BLVD. SARASOTA, FL 34236</b>				Mailing Address <b>707 S. WASHINGTON BLVD. SARASOTA, FL 34236</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
<b>50 Central Ave. Suite 900 Sarasota, FL 34236</b>		<b>50 Central Ave. Suite 900 Sarasota, FL 34236</b>			
Zip Country		Zip Country		02202007 Chg-LLC CR2E083 (12/06)	
4. FEI Number				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>TOSCH, JOHN E ESQ. 707 S. WASHINGTON BLVD. SARASOTA, FL 34236</b>			7. Name and Address of New Registered Agent  Name <b>50 Central Ave. Suite 900 Sarasota, FL 34236</b>		
City			FL		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2007</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>MGRM BUCHANAN, VERNON 707 S. WASHINGTON BLVD. SARASOTA, FL 34236</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>50 Central Ave. Suite 900 Sarasota, FL 34236</b> <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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date <b>3/8/07</b> Daytime Phone #		

FILED  
07 MAR 16 PM 1:48  
FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

