

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

DOCUMENT # L06000013050

1. Entity Name  
BUCHANON & SON INVESTMENTS, LLC



Principal Place of Business  
2020 OLD DIXIE HWY SE  
SUITE 8  
VERO BEACH, FL 32962 US

Mailing Address  
2020 OLD DIXIE HWY SE  
SUITE 8  
VERO BEACH, FL 32962 US

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

6. Name and Address of Current Registered Agent

BUCHANON, GREGG  
2020 OLD DIXIE HWY SE  
SUITE 8  
VERO BEACH, FL 32962

Name

Street Address (P.O. Box Number is Not Acceptable)

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by September 14, 2007**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM  Delete  
NAME BUCHANON, GREGG  
STREET ADDRESS 2020 OLD DIXIE HWY SE STE 8  
CITY-ST-ZIP VERO BEACH, FL 32962

10. ADDITIONS/CHANGES

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE MGRM  Delete  
NAME BUCHANON, THOMAS M JR  
STREET ADDRESS 2020 OLD DIXIE HWY SE STE 8  
CITY-ST-ZIP VERO BEACH, FL 32962

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:** *Doug Dean*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**FILED  
Jul 23, 2007 8:00 am  
Secretary of State**

07-23-2007 90077 028 \*\*\*\*50.00



07052007 Chg-LLC CR2E083 (12/06)

4. FEI Number **20-4343104**  Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$5.00** Additional Fee Required