

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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

01-23-2007 90056 028 \*\*\*\*55.00

DOCUMENT # L06000018687

1. Entity Name

BUHO VENTURES LLC



Principal Place of Business

5502 DOGWOOD WAY  
LAUDERHILL FL 33319

Mailing Address

5502 DOGWOOD WAY  
LAUDERHILL FL 33319

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

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☒

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HARNEY, THOMAS E III  
5502 DOGWOOD WAY  
LAUDERHILL FL 33319

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 re-instating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE: MGR ☐ Delete  
NAME: HARNEY, THOMAS E III  
STREET ADDRESS: 5502 DOGWOOD WAY  
CITY, ST, ZIP: LAUDERHILL FL 33319

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY, ST, ZIP: ☐ Change ☐ Addition

TITLE: MGRM ☐ Delete  
NAME: PEREZ, REINERIO  
STREET ADDRESS: 1980 S. OCEAN DRIVE #20  
CITY, ST, ZIP: HALLANDALE FL 33309

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY, ST, ZIP: ☐ Change ☐ Addition

TITLE: MGRM ☐ Delete  
NAME: SANDOVAL, RAUL  
STREET ADDRESS: 1305 ST. TROPEZ CIRCLE #2016  
CITY, ST, ZIP: WESTON FL 33326

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY, ST, ZIP: ☐ Change ☐ Addition

TITLE: MGRM ☐ Delete  
NAME: ARROBA, JUAN FRANCISCO  
STREET ADDRESS: 6901 COLLEGE COURT BLDG G APT. 207  
CITY, ST, ZIP: DAVIE FL 33317

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY, ST, ZIP: ☐ Change ☐ Addition

TITLE: ☐ Delete  
NAME: ☐ Delete  
STREET ADDRESS: ☐ Delete  
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TITLE: ☐ Change ☐ Addition  
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STREET ADDRESS: ☐ Delete  
CITY, ST, ZIP: ☐ Delete

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY, ST, ZIP: ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Thomas E Harney III THOMAS E HARNEY III Jan 18 2007  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #