


FILED
May 31, 2007 8:00 am
Secretary of State

05-03-2007 90256 038 ****50.00

2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L06000021057			
1. Entity Name BUCKEYE ACRES, LLC			
Principal Place of Business 1449 WAGON WHEEL DRIVE SARASOTA, FL 34240		Mailing Address 1449 WAGON WHEEL DRIVE SARASOTA, FL 34240	
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
5. Certificate of Status Desired <input type="checkbox"/>		5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent DARNELL, ROBERT W 1820 RINGLING BLVD. SARASOTA, FL 34236		7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
MGRM MAST, LEROY O 1449 WAGON WHEEL DRIVE SARASOTA, FL 34240		MGRM MILLER, LONNIE E 1710 RACIMO DRIVE SARASOTA, FL 34240	
Delete <input type="checkbox"/>		Delete <input type="checkbox"/>	
Delete <input type="checkbox"/>		Delete <input type="checkbox"/>	
Delete <input type="checkbox"/>		Delete <input type="checkbox"/>	
Delete <input type="checkbox"/>		Delete <input type="checkbox"/>	
Delete <input type="checkbox"/>		Delete <input type="checkbox"/>	
Delete <input type="checkbox"/>		Delete <input type="checkbox"/>	
Delete <input type="checkbox"/>		Delete <input type="checkbox"/>	
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: <i>Leroy MAST</i>		5-1-07 941-377-8046	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	

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05012007 Chg-LLC CR2E083 (12/06)

4. FEI Number **26-4392611** Applied For Not Applicable