

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000026839

FILED  
Mar 05, 2008  
Secretary of State

**Entity Name:** BUSTER PROPERTIES DELRAY BEACH, LLC

**Current Principal Place of Business:**

2178 NW 30 RD.  
BOCA RATON, FL 33431

**New Principal Place of Business:**

2178 NW 30 RD.  
BOCA RATON, FL 33431-636 US

**Current Mailing Address:**

2178 NW 30 RD.  
BOCA RATON, FL 33431

**New Mailing Address:**

2178 NW 30 RD.  
BOCA RATON, FL 33431-636 US

**FEI Number:** 20-4487844

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CORDES, MARLYS H  
2178 NW 30 RD.  
BOCA RATON, FL 33431 US

**Name and Address of New Registered Agent:**

CORDES, MARLYS H  
2178 NW 30 RD.  
BOCA RATON, FL 33431-636 US

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.

SIGNATURE: MARLYS H. CORDES

03/05/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: CORDES, MARLYS  
Address: 2178 NW 30 RD.  
City-St-Zip: BOCA RATON, FL 33431

Title: MGRM ( ) Delete  
Name: CORDES, MICHAEL  
Address: 2178 NW 30 RD.  
City-St-Zip: BOCA RATON, FL 33431

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MARLYS H. CORDES

MM

03/05/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date