

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000064657

FILED  
Jan 27, 2009  
Secretary of State

Entity Name: BUDDIES KOUNTRY KORNER LLC

**Current Principal Place of Business:**

287 STATE ROAD 207  
E. PALATKA, FL 32131

**New Principal Place of Business:**

**Current Mailing Address:**

287 STATE ROAD 207  
E. PALATKA, FL 32131

**New Mailing Address:**

FEI Number: 20-5107523

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SHALLEY, ABE M  
520 SOUTH BRIDGE CREEK DRIVE  
JACKSONVILLE, FL 32259 US

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

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: SHALLEY, ABE M  
Address: 520 SOUTH BRIDGE CREEK DR  
City-St-Zip: JACKSONVILLE, FL 32259

Title: MGR ( ) Delete  
Name: SHALLEY, GEORGE M  
Address: 1334 RIVERPLACE DR  
City-St-Zip: JACKSONVILLE, FL 32259

Title: MGR ( ) Delete  
Name: HASSAN, MAZEN  
Address: 287 STATE ROAD 207  
City-St-Zip: E. PALATKA, FL 32131

**ADDITIONS/CHANGES:**

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

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: ABE SHALLEY

MGR

01/27/2009

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