


2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

FILED
May 07, 2007 8:00 am
Secretary of State

05-07-2007 90373 014 ****55.00

DOCUMENT # L06000108234 1. Entity Name BEST BUDS OF OKEECHOBEE, LLC			
Principal Place of Business 300 N PARROT AVE. OKEECHOBEE, FL 34974 US		Mailing Address 415 SW PARK ST. OKEECHOBEE, FL 34974 US	
2. Principal Place of Business - No P.O. Box # 415 SW Park Street Suite, Apt. #, etc.		3. Mailing Address 415 SW Park St Suite, Apt. #, etc.	
City & State Okeechobee, FL Zip 34972 Country US		City & State Okeechobee, FL Zip 34972 Country US	
4. FEI Number 20-5856845		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required		04262007 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent NUNEZ, DEANNA D 7840 SW 9TH ST. OKEECHOBEE, FL 34974		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 <u>Deanna D. Nunez</u> DATE <u>4-30-07</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
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	MGRM BOROMEI NUNEZ, THERESA N 1245 NUNEZ RD. OKEECHOBEE, FL 34974	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM NUNEZ, DEANNA D 7840 SW 9TH ST. OKEECHOBEE, FL 34974	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Deanna D. Nunez</u>		Date: <u>4/30/07</u> Daytime Phone #: <u>8634674111</u>	