

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000044979

Entity Name: BUCKHORN FIRST, LLC

FILED
Apr 28, 2009
Secretary of State

Current Principal Place of Business:

35 PINK GREEN RD
SOPCHOPPY, FL 32358

New Principal Place of Business:

40 E.L. FRANKLIN DRIVE
SOPCHOPPY, FL 32358

Current Mailing Address:

35 PINK GREEN RD
SOPCHOPPY, FL 32358

New Mailing Address:

PO BOX
SOPCHOPPY, FL 32358

FEI Number: 13-4365342

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRANKLIN, JOHNNY
35 PINK GREEN RD
SOPCHOPPY, FL 32358 US

Name and Address of New Registered Agent:

FRANKLIN, EDDIE L SR
40 E.L. FRANKLIN DRIVE
SOPCHOPPY, FL 32358 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: EDDIE L. FRANKLIN, SR.

04/28/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: FRANKLIN, EDDIE SR.
Address: 40 EL FRANKLIN DRIVE
City-St-Zip: SOPCHOPPY, FL 32358

Title: MGRM () Delete
Name: FRANKLIN, JOHNNY
Address: 35 PINK GREEN ROAD
City-St-Zip: SOPCHOPPY, FL 32358

ADDITIONS/CHANGES:

Title: PRES (X) Change () Addition
Name: FRANKLIN, JOHNNY
Address: 35 PINK GREEN RD
City-St-Zip: SOPCHOPPY, FL 32358

Title: MGRM (X) Change () Addition
Name: FRANKLIN, EDDIE L SR
Address: 40 E.L. FRANKLIN DRIVE
City-St-Zip: SOPCHOPPY, FL 32358

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: EDDIE L. FRANKLIN, SR

MGMR

04/28/2009

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