2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L07000112485

1. Entity Name



FILED Apr 23, 2008 8:00 am Secretary of State 04-23-2008 90127 029 ***138.75

DEVON F	PAXSON BUCKING BULLS,	LLC					
2240 BAY VI	ce of Business IILLAGE COURT H GARDENS, FL 33410 US	Mailing Address 2240 BAY VILLAGE COU PALM BEACH GARDENS,			1 1 111 1 121 11 21 111 26 111 86 11	I ITON YOLO HEN VION KIEL C	14 6 1 1 11 1 1 1 1
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04202008	Chg-LLC	CR2E083 (12/06)	
City & State		City & State		4. FEI Number 26 - 1	37380	2. A	pplied For ot Applicab
Zip	Country	Zip	Country	l <u>-</u>	of Status Desired	□ - \$5.00 Ad Fee Require	
	6. Name and Address of Current I	Registered Agent		7. Name and /	Address of New Re	egistered Agent	
BUREK, B	BRIAN B		Name				
5601 MAR SUITE 200	RINER STREET D		Street Ad	ddress (P.O. Box Number	r is Not Acceptable)	
TAMPA, F	L 33609				•		
			City			FL Zip Coo	
the obligat	e named entity submits this statement for tions of registered agent.	r the purpose of changing its r	egistered office or	registered agent, or both	n, in the State of Flor	rida. 1 am familiar with, ্ৰি চাম ছ	and accer
SIGNATURE	i .		We call to My		- "		
F 37 1 408 24 24 3							
	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE:	Registered Agent signatu	re required when reinstating)		DATE	
FILE	Signature, typed or printed name of registered agent a NOWIII FEE IS \$138.75 y 1, 2008 Fee will be \$538.75		Registered Agent signatu	re required when reinstating)		DATE check payable to Department of State	
FILE	NOWIII FEE IS \$138.75		Registered Agent signatu		Florida	o check payable to Department of Stat	
FILE After May	NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.75		Registered Agend signatu			o check payable to Department of Stat	
FILE After May 9. TITLE NAME	NOWIII FEE IS \$138.75 y 1, 2008 Fee will be \$538.75 MANAGING MEMBEI MGRM PAXSON LLC	RS/MANAGERS	Registered Agent signatu		Florida	e check payable to Department of Stat	e
FILE After May 9. TITLE NAME STREET ADDRESS	MANAGING MEMBEI MGRM PAXSON LLC 2240 BAY VILLAGE COURT	RS/MANAGERS Delete	10. TITLE NAME STREET ADDRESS		Florida	e check payable to Department of Stat	e
FILE After May 9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	NOWIII FEE IS \$138.75 y 1, 2008 Fee will be \$538.75 MANAGING MEMBEI MGRM PAXSON LLC	RS/MANAGERS Delete	10. TITLE NAME STREET ADDRESS CITY-ST-ZIP		Florida	e check payable to Department of Stat	e
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MANAGING MEMBEI MGRM PAXSON LLC 2240 BAY VILLAGE COURT	RS/MANAGERS Delete	10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		Florida	e check payable to Department of Stat	e
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MANAGING MEMBEI MGRM PAXSON LLC 2240 BAY VILLAGE COURT PALM BEACH GARDENS, FL 33	RS/MANAGERS Delete	10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		Florida	e check payable to Department of Stat CHANGES Change	Additic
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBEI MGRM PAXSON LLC 2240 BAY VILLAGE COURT	RS/MANAGERS Delete 3410	10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		Florida	e check payable to Department of Stat CHANGES Change	Additic
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MANAGING MEMBEI MGRM PAXSON LLC 2240 BAY VILLAGE COURT PALM BEACH GARDENS, FL 33	RS/MANAGERS Delete	10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		Florida	check payable to Department of Stat CHANGES Change Change	Additic
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME	MANAGING MEMBEI MGRM PAXSON LLC 2240 BAY VILLAGE COURT PALM BEACH GARDENS, FL 33	RS/MANAGERS Delete 3410	10. IIILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		Florida	check payable to Department of Stat CHANGES Change	Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME BTREET ADDRESS CITY-ST-ZIP	MANAGING MEMBEI MGRM PAXSON LLC 2240 BAY VILLAGE COURT PALM BEACH GARDENS, FL 33	RS/MANAGERS Delete 3410	10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		Florida	check payable to Department of Stat CHANGES Change Change	Addition
FILE After May 9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MANAGING MEMBEI MGRM PAXSON LLC 2240 BAY VILLAGE COURT PALM BEACH GARDENS, FL 33	RS/MANAGERS Delete 3410	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		Florida	check payable to Department of Stat CHANGES Change Change	Addition
FILE After May 9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME 8TREET ADDRESS CITY-ST-ZIP TITLE NAME 8TREET ADDRESS	MANAGING MEMBEI MGRM PAXSON LLC 2240 BAY VILLAGE COURT PALM BEACH GARDENS, FL 33	RS/MANAGERS Delete Delete Delete	TO. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		Florida	check payable to Department of Stat CHANGES Change Change	Addition
FILE After May 9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MANAGING MEMBER MGRM PAXSON LLC 2240 BAY VILLAGE COURT PALM BEACH GARDENS, FL 33	RS/MANAGERS Delete Delete Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		ADDITIONS /	check payable to Department of Stat CHANGES Change Change	Addition
FILE After May 9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MANAGING MEMBEI MGRM PAXSON LLC 2240 BAY VILLAGE COURT PALM BEACH GARDENS, FL 33	RS/MANAGERS Delete Delete Delete	TO. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		ADDITIONS/	check payable to Department of Stat CHANGES Change Change	Addition
FILE After May 9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MANAGING MEMBEI MGRM PAXSON LLC 2240 BAY VILLAGE COURT PALM BEACH GARDENS, FL 33	RS/MANAGERS Delete Delete Delete	TO. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		ADDITIONS /d	check payable to Department of Stat CHANGES Change Change Change	Additic
FILE After May 9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MANAGING MEMBEI MGRM PAXSON LLC 2240 BAY VILLAGE COURT PALM BEACH GARDENS, FL 33	RS/MANAGERS Delete Delete Delete Delete	TO. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		ADDITIONS/	check payable to Department of Stat CHANGES Change Change Change	Additic
FILE After May 9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE TITL	MANAGING MEMBER MANAGING MEMBER MGRM PAXSON LLC 2240 BAY VILLAGE COURT PALM BEACH GARDENS, FL 33	RS/MANAGERS Delete Delete Delete Delete Delete	TO. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-GT-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		ADDITIONS /d	check payable to Department of Stat CHANGES Change Change Change	Additic
FILE After May 9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MANAGING MEMBEI MGRM PAXSON LLC 2240 BAY VILLAGE COURT PALM BEACH GARDENS, FL 33	RS/MANAGERS Delete Delete Delete Delete	TO. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-GT-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		ADDITIONS /d	check payable to Department of Stat CHANGES Change Change Change	Addition Addition Addition Addition
FILE After May 9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE TITL	MANAGING MEMBER MANAGING MEMBER MGRM PAXSON LLC 2240 BAY VILLAGE COURT PALM BEACH GARDENS, FL 33	RS/MANAGERS Delete Delete Delete Delete Delete	TO. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-GT-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		Florida ADDITIONS /	check payable to Department of Stat CHANGES Change Change Change	Addition Addition Addition 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.

Hoslyck Paxoon 4/20/08

521-310-8185