

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000045504

FILED
Apr 14, 2009
Secretary of State

Entity Name: BUSTER LLC.

Current Principal Place of Business:

2121 PONCE DE LEON BLVD
STE 240
CORAL GABLES, FL 33134

New Principal Place of Business:

2121 PONCE DE LEON BLVD
STE 240
CORAL GABLES, FL 33134 US

Current Mailing Address:

2121 PONCE DE LEON BLVD
STE 240
CORAL GABLES, FL 33134

New Mailing Address:

2121 PONCE DE LEON BLVD
STE 240
CORAL GABLES, FL 33134 US

FEI Number: 75-3268092

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PRATS FERNANDEZ & CO PA
2121 PONCE DE LEON BLVD
STE 240
CORAL GABLES, FL 33134 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: MGRM () Delete
Name: JACK TAR CORP.
Address: PANAMA
City-St-Zip: CD PANAMA REP PANAMA, PA ----

Title: MGRM () Delete
Name: CIVES, JOSE LUIS
Address: 2121 PONCE DE LEON BLVD STE 240
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: CIVES, JOSE LUIS
Address: 2121 PONCE DE LEON BLVD STE 240
City-St-Zip: CORAL GABLES, FL 33134 US

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: JOSE LUIS CIVES

MGRM

04/14/2009

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