2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# L08000110386

Entity Name: BUSSARD MANAGEMENT, LLC

Current Principal Place of Business:

519 NW 102ND TERRACE
GAINESVILLE, FL 32607

New Principal Place of Business:

10860 N.W. 198TH STREET
MICANOPY, FL 32667

Current Mailing Address:

519 NW 102ND TERRACE
GAINESVILLE, FL 32607

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LARCHE, JAMES G JR, ESQ
4041-B NW 37TH PLACE
GAINESVILLE, FL 32606 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: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MRS. ( ) Change (X) Addition
Name: FULTON, BARBARA A
Address: 519 N.W. 102 TERRACE
City-St-Zip: GAINESVILLE, FL 32607

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: BARBARA A. FULTON MRS. 04/30/2009

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