


**2003 LIMITED LIABILITY COMPANY
 UNIFORM BUSINESS REPORT (UBR)**

3.

DOCUMENT # L98000001293			
1. Entity Name BUCHANAN & BUCHANAN INVESTMENTS, L.L.C.			
Principal Place of Business 6278 BRUSHY CREEK ROAD TALLAHASSEE, FL 32311		Mailing Address 6278 BRUSHY CREEK ROAD TALLAHASSEE, FL 32311	
2. Principal Place of Business 1155 JAGUAR CIRCLE Suite, Apt. #, etc.		3. Mailing Address 362 GULF BREEZE PKWY. Suite, Apt. #, etc. # 107	
City & State GULF BREEZE, FLORIDA		City & State GULF BREEZE, FLORIDA	
Zip - 32563 Country - USA		Zip - 32561 Country - USA	
4. FEI Number 59-3526716		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent BUCHANAN, GREGORY R 6278 BRUSHY CREEK ROAD TALLAHASSEE, FL 32311		7. Name and Address of New Registered Agent Name BUCHANAN, GREGORY R. Street Address (P.O. Box Number is Not Acceptable) 1155 JAGUAR CIRCLE City GULF BREEZE FL Zip Code 32563	
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 GREGORY R. BUCHANAN, MANAGING PARTNER DATE 3/12/03			
<p>FREE NOW WITH FILING \$50.00 Make a check payable to the Secretary of State and mail to: SECRETARY OF STATE 1000 N. GULF BEACH BLVD. TALLAHASSEE, FL 32304</p>			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM-MGRM BUCHANAN, MARGARET AGNES 47 CALLE MELINDA RANCHO SANTA MARGARITA, CA 92688	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM BUCHANAN, GREGORY RAY 6278 BRUSHY CREEK ROAD TALLAHASSEE, FL 32311 <i>ADDRESS CHANGE →</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: GREGORY R. BUCHANAN, MANAGING MEMBER		DATE: 3/12/03 8585087669	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	

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CHECK HERE IF MAKING CHANGES

CR2E083 (10/02)