2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Jan 22, 2008 08:00 AM ANNUAL REPORT **DOCUMENT # L98000003296 Secretary of State** 1. Entity Name BUCHEN U.S.A., L.C. Principal Place of Business Mailing Address 4502 HIGHWAY 20 EAST 4502 HIGHWAY 20 EAST SUITE A SUITE A NICEVILLE, FL 32578 NICEVILLE, FL 32578 01092008No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3575930 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HERNDON, D. TIMOTHY DO NOT WRITE 4502 HWY 20 EAST STE A NICEVILLE, FL 32578 IN THIS SPACE 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. Signature, typed or printed name of registered again and title if applicable (NOTE, Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 9. MANAGING MEMBERS/MANAGERS TITLE MGR 000000790281 0000008-013-138 **BUCHEN, MARY LOUISE** NAME STREET ADDRESS 25 WARWICK DRIVE CITY-ST-ZIP SHALIMAR, FL 32579 MGR TITLE NAME BUCHEN, BARBARA STREET ADDRESS 25 WARWICK DRIVE CITY-ST-ZIP SHALIMAR, FL 32579 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

FILED

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 it made under oath; that I am a managing member or manager of the limited liability company or the receiver in trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: M. Mr. OLL Havie - LOUISC Buchen 1/15/08 651-471,
BIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date Daylore Prove #