

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED

Feb 13, 2004 08:00 AM
Secretary of State

DOCUMENT # L99000002697

1. Entity Name

BUFFKIN RESIDENTIAL RENTALS, L.C.



Principal Place of Business

355 EAST HALL ROAD
MERRITT ISLAND FL 32953

Mailing Address

355 EAST HALL ROAD
MERRITT ISLAND FL 32953

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E083 (11/03)

4. FEI Number

65-0928915

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BUFFKIN, CHRISTINA L
355 EAST HALL ROAD
MERRITT ISLAND FL 32953

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete
NAME BUFFKIN, ROBERT E TRUSTEE
STREET ADDRESS 355 EAST HALL ROAD
CITY-ST-ZIP MERRITT ISLAND FL 32953

TITLE ☐ Change ☐ Addition
NAME 000000050262
STREET ADDRESS 02/16/04-80003-006 50.00
CITY-ST-ZIP

TITLE MGRM ☐ Delete
NAME BUFFKIN, CHRISTINA L TRUSTEE
STREET ADDRESS 355 EAST HALL ROAD
CITY-ST-ZIP MERRITT ISLAND FL 32953

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

2/10/04

321-4522282