

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000004424

FILED  
Mar 16, 2009  
Secretary of State

**Entity Name:** BUCK RUN PROPERTY, L.L.C.

**Current Principal Place of Business:**

P.O. BOX 730  
PAISLEY, FL 32767

**New Principal Place of Business:**

42554 MAGGIE JONES ROAD  
PAISLEY, FL 32767

**Current Mailing Address:**

P.O. BOX 730  
PAISLEY, FL 32767

**New Mailing Address:**

FEI Number: 59-3595238      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

ROBINSON, DONALD L  
42554 MAGGIE JONES ROAD  
PAISLEY, FL 32767      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: ROBINSON, DONALD L  
Address: P.O. BOX 730  
City-St-Zip: PAISLEY, FL 32767

Title: MGRM ( ) Delete  
Name: ROBINSON, HILDA R  
Address: P.O. BOX 730  
City-St-Zip: PAISLEY, FL 32767

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: ROBINSON, DONALD L  
Address: 42554 MAGGIE JONES ROAD  
City-St-Zip: PAISLEY, FL 32767

Title: MGRM (X) Change ( ) Addition  
Name: ROBINSON, HILDA R  
Address: 42554 MAGGIE JONES ROAD  
City-St-Zip: PAISLEY, FL 32767

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: HILDA R. ROBINSON

MGRM

03/16/2009

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