

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000005715

**FILED**  
**Apr 27, 2005**  
**Secretary of State**

**Entity Name:** BUCK KNOB ASSOCIATES, L.L.C.

**Current Principal Place of Business:**

3999 CHICORA WOODS PLACE  
JACKSONVILLE, FL 32224

**New Principal Place of Business:**

**Current Mailing Address:**

3999 CHICORA WOODS PLACE  
JACKSONVILLE, FL 32224

**New Mailing Address:**

FEI Number: 59-3598156

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

TURNER, THOMAS C  
3999 CHICORA WOODS PLACE  
JACKSONVILLE, FL 32224 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/MEMBERS:**

Title: MGRM ( ) Delete  
Name: TURNER, SUSAN B  
Address: 3999 CHICORA WOODS PLACE  
City-St-Zip: JACKSONVILLE, FL 32224

Title: MGRM ( ) Delete  
Name: TURNER, BRETT S  
Address: 720 WATERFORD LANDING RD.  
City-St-Zip: RICHMOND HILL, GA 31324

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM (X) Change ( ) Addition  
Name: TURNER, BRETT S  
Address: P.O. BOX 2229  
City-St-Zip: RICHMOND HILL, GA 31324

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: BRETT S. TURNER

MGRM

04/27/2005

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