2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2005
Secretary of State

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Entity Name: BUFFALO-RIVER RANCH ASSOCATES, LLC

Current Principal Place of Business:

8441 COOPER CREEK BLVD.
BRADENTON, FL 34201

New Principal Place of Business:

Current Mailing Address:

8441 COOPER CREEK BLVD.
BRADENTON, FL 34201

New Mailing Address:

FEI Number: 16-1547011 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BALDAUF, DAVID H ESQ.
8441 COPPER CREEK BLVD.
UNIVERSITY PARK, FL 34201 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:	MGR	( ) Delete
Name:	BENDERSON, NATHAN	
Address:	8441 COOPER CREEK BLVD.	
City-St-Zip:	UNIVERSITY PARK, FL 34201	
Title:	MGR	( ) Delete
Name:	BALDAUF, DAIVD H	
Address:	8441 COOPER CREEK BLVD.	
City-St-Zip:	UNIVERSITY PARK, FL 34201	
Title:	MGRM	( ) Delete
Name:	RONALD BENSON 1995 T, RUST	
Address:	570 DELAWARE AVE	
City-St-Zip:	BUFFALO, NY 14202	

ADDITIONS/CHANGES:

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

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: DAVID H. BALDAUF MGR 04/26/2005

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