

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 25, 2004 8:00 am
Secretary of State

04-28-2004 90062 045 ****50.00

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DOCUMENT # M03000003539 1. Entity Name AG BUSCHWOOD 12, LLC					
Principal Place of Business 701 EAST BYRD STREET, 15TH FLOOR RICHMOND, VA 23219			Mailing Address 701 EAST BYRD STREET, 15TH FLOOR RICHMOND, VA 23219		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 02042004 Chg-LLC CR2E083 (10/03) Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent LEXISNEXIS DOCUMENT SOLUTIONS, INC. 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	
7. Name and Address of New Registered Agent 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM THE PLAG FAMILY TRUST 1970 DEEGRASS WAY CARLSBAD, CA 92009 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify 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 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: <i>John A. Plag for the Plag Family Trust</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			3/21/04 (760) 704-1118 <small>Date Daytime Phone</small>		