


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 05, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # M04000003150**

1. Entity Name  
**BUCKLEY & MORRIS, LLC**



Principal Place of Business <b>104 CAMPBELL DRIVE          WINTER HAVEN, FL 33884</b>	Mailing Address <b>104 CAMPBELL DRIVE          WINTER HAVEN, FL 33884</b>
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**DO NOT WRITE IN THIS SPACE**



01162005No Chg-LLC CR2E083 (10/03)

4. FEI Number <b>26-0085291</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**MORRIS, KATHARINE B  
 104 CAMPBELL DRIVE  
 WINTER HAVEN, FL 33884**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00  
 Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MORRIS, KATHARINE B 104 CAMPBELL DRIVE WINTER HAVEN, FL 33884
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BUCKLEY, MARY B 48 ISLANDERS RETREAT SAVANNAH, GA 31411
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 03/05/05-80030-014 50.00

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:** Katharine B Morris 3/4/05 863-420-6699  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #