2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # M04000003150

1. Entity Name
BUCKLEY & MORRIS, LLC

Principal Place of Business	Mailing Address
104 CAMPBELL DRIVE WINTER HAVEN, FL 33884	104 CAMPBELL DRIVE WINTER HAVEN, FL 33884

DO NOT WRITE IN THIS SPACE

01162005 No Chg-LLC   CR2E083 (10/03)

4. FEI Number	Applied For
26-0085291	Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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_____

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

Filing Fee Is $50.00
Due by May 1, 2005

9.   MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	MORRIS, KATHARINE B
STREET ADDRESS	104 CAMPBELL DRIVE
CITY-ST-ZIP	WINTER HAVEN, FL 33884
TITLE	MGR
NAME	BUCKLEY, MARY B
STREET ADDRESS	48 ISLANDERS RETREAT
CITY-ST-ZIP	SAVANNAH, GA 31411
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 #