

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# M05000006596

FILED
Oct 05, 2006
Secretary of State

Entity Name: BUCK BUCHANAN ENTERPRISES NEVADA, LLC

Current Principal Place of Business:

421 NORTHLAKE BOULEVARD, SUITE 1
NORTH PALM BEACH, FL 33408

New Principal Place of Business:

9128 KILGORE RD
ORLANDO, FL 32836 55

Current Mailing Address:

421 NORTHLAKE BOULEVARD, SUITE 1
NORTH PALM BEACH, FL 33408

New Mailing Address:

PO BOX 69064
ORLANDO, FL 32869

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

BUCHANAN, STUART E
421 NORTHLAKE BOULEVARD, SUITE 1
NORTH PALM BEACH, FL 33408 US

Name and Address of New Registered Agent:

BUCHANAN, STUART E
9128 KILGORE RD
ORLANDO, FL 32836 US

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: STUART E BUCHANAN

10/05/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BUCHANAN, STUART E
Address: 421 NORTHLAKE BOULEVARD, SUITE 1
City-St-Zip: NORTH PALM BEACH, FL 33408

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BUCHANAN, STUART E
Address: 9128 KILGORE RD
City-St-Zip: ORLANDO, FL 32836

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: STUART E BUCHANAN

MGRM

10/05/2006

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