


**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

**FILED**  
**Apr 19, 2006 08:00 AM**  
**Secretary of State**

|  |   |
|--|---|
| DOCUMENT # A98000002418<br>1. Entity Name<br>GLADES BUTTS ASSOCIATES, LTD. |  |
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|--|--|
| Principal Place of Business<br>7777 GLADES ROAD, SUITE 310<br>BOCA RATON, FL 33434 | Mailing Address<br>7777 GLADES ROAD, SUITE 310<br>BOCA RATON, FL 33434 |
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01172006 No Chg-LP CR2E003 (11/05)

|  |                                |
|--|--------------------------------|
| 4. FEI Number<br>65-0871078  | Applied For<br>Not Applicable  |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |

**DO NOT WRITE IN THIS SPACE**

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| 6. Name and Address of Current Registered Agent<br><br>BETTER BUTTS, INC.<br>7777 GLADES ROAD, SUITE 310<br>BOCA RATON, FL 33434 |
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**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2006, Fee will be \$900.00**

000000519461  
 05/02/06-80058-001 508.75

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

| 12. GENERAL PARTNER INFORMATION                     |   |
|---|---|
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P98000089873<br>BETTER BUTTS, INC.<br>7777 GLADES ROAD, SUITE 310<br>BOCA RATON, FL 33434 |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
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| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

**DO NOT WRITE IN THIS SPACE**

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: Robert J. Schmier Date: 4.13.06 Daytime Phone #: 561/483-8400  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Robert J. Schmier, Pres.