


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 13, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # L04000085763 1. Entity Name BUTLER POINTE, LLC	
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Principal Place of Business 45 WEST BAY STREET STE. 203 JACKSONVILLE, FL 32202	Mailing Address 45 WEST BAY STREET STE. 203 JACKSONVILLE, FL 32202
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01052006 No Chg-LLC CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-1933081	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GRUNTHAL, LEONARD H III  
 45 WEST BAY STREET, SUITE 203  
 JACKSONVILLE, FL 32202

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

**Filing Fee is \$50.00  
 Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GRUNTHAL, LEONARD H III 45 WEST BAY STREET, SUITE 203 JACKSONVILLE, FL 32202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SCHUETT, WILLIAM F JR 45 WEST BAY STREET, SUITE 203 JACKSONVILLE, FL 32202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ANGELO, MARC 11363 SAN JOSE BLVD, BLDG 300 JACKSONVILLE, FL 32223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SCHULTZ, JOHN P.O. BOX 1200 JACKSONVILLE, FL 32202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000466833  
 03/23/06-80026-023 50.00

**DO NOT WRITE IN THIS SPACE**

11. 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 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:  Leonard H. Grunthal III 03-09-06 904-356-1060  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #