




**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 30, 2006 8:00 am**  
**Secretary of State**

03-30-2006 90194 017 \*\*\*\*50.00

DOCUMENT # L05000027942					
1. Entity Name BUTTERFIELD PROPERTY, LLC					
Principal Place of Business 811 MALAGA AVENUE CORAL GABLES, FL 33134		Mailing Address 811 MALAGA AVENUE CORAL GABLES, FL 33134			
2. Principal Place of Business 3034 ALLAMANDA ST		3. Mailing Address 3034 ALLAMANDA ST.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State COCONUT GROVE, FL		City & State COCONUT GROVE, FL		4. FEI Number 87-0743215	
Zip 33133		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
Zip 33133		Country USA		6. Name and Address of Current Registered Agent	
WAGNER, ROBERT 811 MALAGA AVENUE CORAL GABLES, FL FL		7. Name and Address of New Registered Agent			
ADDRESS CHANGE ONLY WAGNER, ROBERT 811 MALAGA AVENUE CORAL GABLES, FL FL		Name			
		Street Address (P.O. Box Number is Not Acceptable)			
		3034 ALLAMANDA ST.			
City COCONUT GROVE		State FL		Zip Code 33133	
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		 (Robert Wagner)		DATE 3/25/06	
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WAGNER, ROBERT		NAME	3034 ALLAMANDA ST.	
STREET ADDRESS	811 MALAGA AVENUE		STREET ADDRESS	COCONUT GROVE, FL 33133	
CITY-ST-ZIP	CORAL GABLES, FL 33134		CITY-ST-ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PRETE, JOHN		NAME		
STREET ADDRESS	5111 COBBLE CREEK COURT		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34110		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 		DATE: 3/25/06		Daytime Phone #: 305-461-5099	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #	

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