


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 11, 2007 8:00 am**  
**Secretary of State**

04-11-2007 90157 025 \*\*\*\*50.00

**DOCUMENT # L06000009740**

1. Entity Name  
**BUTTERNUT, LLC**



Principal Place of Business  
**931 LAGOON DRIVE  
 SUMMERLAND KEY, FL 33042**

Mailing Address  
**931 LAGOON DRIVE  
 SUMMERLAND KEY, FL 33042**

2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

03232007 Chg-LLC CR2E083 (12/06)



4. FEI Number  
**20-4203143**

Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**WOLFE, JOHN J P.A.  
 2955 OVERSEAS HIGHWAY  
 MARATHON, FL 33050**

**7. Name and Address of New Registered Agent**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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 \_\_\_\_\_

**Filing Fee is \$50.00  
 Due by May 1, 2007**

**Make check payable to  
 Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

**10. ADDITIONS/CHANGES**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
Mgr. Douglas Bell 931 Lagoon Dr. Summerland Key FL 33042	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
Mgr. Roger Sorg PO Box 500622 Marathon, FL 33050	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
Mgr. David Sorg 3920 SW 56th Ct. FL Lauderdale, FL 33312	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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:** *Douglas Bell* **3.30.07** **305-872-9221**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #