


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 25, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # L06000009740  
 1. Entity Name  
 BUTTERNUT, LLC



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

**DO NOT WRITE IN THIS SPACE**



04092008No Chg-LLC      CR2E083 (12/07)

4. FEI Number 20-4203143	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  
 WOLFE, JOHN J P.A.  
 2955 OVERSEAS HIGHWAY  
 MARATHON, FL 33050

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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 \_\_\_\_\_

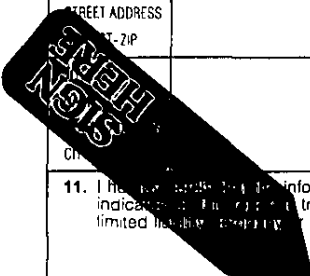
**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BELL, DOUGLAS 931 LAGOON DR SUMMERLAND KEY, FL 33042
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SORG, ROGER PO BOX 500622 MARATHON, FL 33050
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SORG, DAVID 3920 SW 56TH CT FORT LAUDERDALE, FL 33312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000921553  
 05/15/08-80011-011 138.75

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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 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: 4/26/08      Daytime Phone # \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE