


**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 17, 2003 8:00 am**  
**Secretary of State**

03-21-2003 90032 025 \*\*\*\*50.00

**DOCUMENT # L00000006204**

1. Entity Name  
**BUTTREY DEVELOPMENT TWO, LLC**



Principal Place of Business  
**211 PINEY WOODS RD  
APOPKA FL 32703**

Mailing Address  
**211 PINEY WOODS RD  
APOPKA FL 32703**

2. Principal Place of Business  
**1001 FANNIN, STE 4000**

3. Mailing Address  
**1001 FANNIN**

Suite, Apt. #, etc.  
**SUITE 4000**

City & State  
**HOUSTON, TX**

City & State  
**HOUSTON, TX**

Zip  
**77002**

Country  
**US**

Zip  
**77002**

Country  
**US**

4. FEI Number **59-3652174**

Applied For  
 Not Applicable

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**BUTTREY, JOHN  
211 PINEY WOODS RD  
APOPKA FL 32703**

7. Name and Address of New Registered Agent

Name **CT Corporation System**

Street Address (P.O. Box Number is Not Acceptable)  
**1200 South Pine Island Road**

City **Plantation** FL Zip Code **33324**

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 **Denise Bell** **Denise Bell** **Assistant Secretary** **2-19-03**

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR BUTTREY, JOHN 211 PINEY WOODS RD APOPKA FL 32703</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR BUTTREY, NANCY 211 PINEY WOODS RD APOPKA FL 32703</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MEMBER WASTE MANAGEMENT INC. of FLORIDA 1001 FANNIN, STE. 4000 HOUSTON, TX 77002</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: **Tranquila A. Bell** **713-512-6200**

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

CRE083 (10/02)