

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000085763

Entity Name: BUTLER POINTE, LLC**Current Principal Place of Business:**ONE INDEPENDENT DRIVE SUITE 1880
JACKSONVILLE, FL 32202**Current Mailing Address:**ONE INDEPENDENT DRIVE SUITE 1880
JACKSONVILLE, FL 32202 US**FEI Number:** 20-1933081**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GRUNTHAL, LEONARD HIII
ONE INDEPENDENT DRIVE SUITE 1880
JACKSONVILLE, FL 32202 US*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.***SIGNATURE:**

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

| | |
|-----------------|----------------------------------|
| Title | MGR |
| Name | GRUNTHAL, LEONARD HIII |
| Address | ONE INDEPENDENT DRIVE SUITE 1880 |
| City-State-Zip: | JACKSONVILLE FL 32202 |

| | |
|-----------------|----------------------------|
| Title | MGR |
| Name | ANGELO, MARC |
| Address | 1283 PONTE VEDRA BLVD. |
| City-State-Zip: | PONTE VEDRA BEACH FL 32082 |

| | |
|-----------------|----------------------------------|
| Title | MGR |
| Name | SCHUETH, WILLIAM FJR |
| Address | ONE INDEPENDENT DRIVE SUITE 1880 |
| City-State-Zip: | JACKSONVILLE FL 32202 |

| | |
|-----------------|----------------------------------|
| Title | MGR |
| Name | SCHULTZ, JOHN |
| Address | 118 WEST ADAMS STREET, SUITE 600 |
| City-State-Zip: | JACKSONVILLE FL 32202 |

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LEONARD H. GRUNTHAL, III**MGR****03/03/2016**

Electronic Signature of Signing Authorized Person(s) Detail

Date