## 2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

## DOCUMENT # A0400001461 FILED 1. Entity Name BUTTERS REAL ESTATE FUND I, LTD. 06 MAY -1 PM 1: 20 Principal Place of Business Mailing Address SECRETARY OF STATE 4811 LYONS TECHNOLOGY PARYWAY 4811 LYONS TECHNOLOGY PARYWAY TALLAHASSEE FLORIDA SUITE 6 SUITE 6 COCONUT CREEK, FL 33073 COCONUT CREEK, FL 33073 2. Principal Place of Business 6820 Lyons Technology Circle, 3. Mailing Address 6820 Lyons Technology Circle, #160e, Apt. #, etc. #1 (\$Q)te, Apt. #, etc. 04252006 Chg-LP CR2E003 (11/05) Coconut Creek, Fl 33073 Coconut Creek, Fl 33073 City & State 4. FEI Number Applied For 27-0108945 Not Applicable Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name **BUTTERS, MALCOLM** Street Address (P.O. Box Number is Not Acceptable) 1096 E. NEWPORT CENTER DRIVE, #100 DEERFIELD BEACH, FL 33442 6820 Lyons Technology Circle, 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. M. BUTTERS SIGNATURE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$500.00 After May 1, 2006, Fee will be \$900.00 A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. L04000066337 **DOCUMENT #** 6820 Lyons Technology Circle, STREET ADDRESS NAME **BUTTERS CAPITAL I. LLC** <del>#100-</del> STREET ADDRESS 1096 E. NEWPORT CENTER DRIVE, #100 CITY-ST-ZIP Coconut Creek, Fl 33073 CITY-ST-ZIP DEERFIELD BEACH, FL 33442 DOCUMENT A STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT A STREET ADDRESS 400075025094 05/22/06--01033--011 \*\*500.00 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620. Florida Statutes