2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

DOCUMENT # A04000001461

1. Entity Name

BUTTERS REAL ESTATE FUND I, LTD.



FILED May 01, 2007 08:00 A Secretary of State

Principal Place of Business

6820 LYONS TECHNOLOGY CIRCLE, #100 COCONUT CREEK, FL 33073

Mailing Address

6820 LYONS TECHNOLOGY CIRCLE, #100 COCONUT CREEK, FL 33073



DO NOT WRITE IN THIS SPACE

04102007 No Chg-LP

CR2E003 (12/06)

FEI Number		Applied For
27-0108945		Not Applicable
5. Certificate of Status Desired		\$8.75 Additional

6. Name and Address of Current Registered Agent

BUTTERS, MALCOLM 6820 LYONS TECHNOLOGY CIRCLE, #100 COCONUT CREEK, FL 33073

DO NOT WRITE IN THIS SPACE

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 Signature, typed or printed name of registered agent and title if applicable.	DATE	
FILE NOW!!! FEE IS \$500.00		

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.

Į	12.	GENERAL PARTNER INFORMATION		
DOCUMENT #		L04000066337		
1	NAME	BUTTERS CAPITAL I, LLC		
1	STREET ADDRESS	6820 LYONS TECHNOLOGY CIRCLE, #100		
ı	CITY - ST - ZIP	COCONUT CREEK, FL 33073		
I	DOCUMENT /			
ı	NAME			
ı	STREET ADDRESS			
٠	CITY-ST-ZIP			
I	DOCUMENT #			
ı	NAME			
ı	STREET ADDRESS			

U00000752709 05/21/07-80027-006 500.00

DO NOT WRITE IN THIS SPACE

CITY-ST-ZIP

DOCUMENT *
NAME

STREET ADDRESS
CITY-ST-ZIP

14. I hereby certify that the information supplied with this filling 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

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNE

4/30/00

954 570-811

Daytime Phone #