

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008.

FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # A04000001461

1. Entity Name
BUTTERS REAL ESTATE FUND I, LTD.



Principal Place of Business
6820 LYONS TECHNOLOGY CIRCLE, #100
COCONUT CREEK, FL 33073

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



04242008 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
27-0108945

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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

U000000938618
05/27/08-80096-021 500.00

DATE

FILE NOW!!! FEE IS \$500.00
After May 1, 2008, 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.

12. GENERAL PARTNER INFORMATION

DOCUMENT # **L04000066337**
NAME **BUTTERS CAPITAL I, LLC**
STREET ADDRESS **6820 LYONS TECHNOLOGY CIRCLE, #100**
CITY-ST-ZIP **COCONUT CREEK, FL 33073**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DO NOT WRITE
IN THIS SPACE

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

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE