2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

DOCUMENT # A0600000101

1. Entity Name

MALCOLM BUTTERS FAMILY LTD.



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

Principal Place of Business

7092 N.W. 65TH TERRACE PARKLAND, FL 33067

Mailing Address

7092 N.W. 65TH TERRACE PARKLAND, FL 33067



DO NOT WRITE IN THIS SPACE

04302008 No Chg-LP

CR2E003 (12/06)

4. FEI Number
20-4204582 Applied For
Not Applicable

5. Certificate of Status Desired Sand Fee Required

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable.

GLASSER, GENE K GREENSPOON MARDER, P.A. 100 WEST CYPRESS CREEK ROAD, SUITE 700 FORT LAUDERDALE, FL 33309

DO NOT WRITE IN THIS SPACE

8.	t. 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 an	n familiar with, and accept
	the obligations of registered agent.	

FILE NOW!!! FEE IS \$500.00 After May 1, 2008, Fee will be \$900.00

GENERAL PARTNER INFORMATION

U00000938583 05/27/08-80096-015 500.00

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.

DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP	BUTTERS, MALCOLM 7092 N.W. 65TH TERRACE PARKLAND, FL 33067	
DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP		
DOCUMENT # NAME STREET ADDRESS CITY-SI-ZIP		
DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP		
DOCUMENT / NAME STREET ADDRESS CITY ST - ZIP		
14. I hereby cartify that the information supplied with this filing does not qualify for		

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 #