

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

DOCUMENT # A06000001493

1. Entity Name
 BUTLER LANDS, LTD.



Principal Place of Business
 8144 HOLLY RIDGE TRAIL
 TALLAHASSEE, FL 32312

Mailing Address
 8144 HOLLY RIDGE TRAIL
 TALLAHASSEE, FL 32312

FILED
 07 APR -2 AM 10:56
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

2. Principal Place of Business - No P.O. Box #

3. Mailing Address



Suite, Apt. #, etc.

Suite, Apt. #, etc.

03262007 Chg-LP CR2E003 (12/06)

City & State

City & State

4. FEI Number

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

REECY, DELORES B
 8144 HOLLY RIDGE TRAIL
 TALLAHASSEE, FL 32312

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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.

SIGNATURE

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

DATE

FILE NOW!!! FEE IS \$500.00
After May 1, 2007, 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 #
 NAME
 STREET ADDRESS
 CITY - ST - ZIP
 BUTLER, MARILEE G
 8144 HOLLY RIDGE TRAIL
 TALLAHASSEE, FL 32312

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY - ST - ZIP

70009581649?
 04/05/07--01056--001 **500.00

DOCUMENT #
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STREET ADDRESS

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

SIGNATURE: *Marilee G. Butler*

3/29/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #