2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #   L00000003081

1. Entity Name
BUTLER ENTERPRISES, L.L.C.

Principal Place of Business	Mailing Address
POST OFFICE BOX 1176	POST OFFICE BOX 1176
LAKELAND FL 33802-1176	LAKELAND FL 33802-1176

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	**4.** FEI Number 59-3635642 · Applied For / Not Applicable
Zip · Country	Zip · Country	**5.** Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BRYANT, THOMAS J CPA 114 N TENNESSEE AVE STE 202 LAKELAND FL 33801	Name James E. Fitch Street Address (P.O. Box Number is Not Acceptable) 13238 US 98 City Sebring FL Zip Code 33876

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.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE 4-17-01

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

9.	MANAGING MEMBERS/MEMBERS		10.	ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BUTLER, DOROTHY W POST OFFICE BOX 1176 LAKELAND FL 33802-1176	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	0000040839B0—5 -04/27/01--01027--009 *****50.00 *****50.00	☐ Change	☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____   4·10·01   863-655-0___
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | Date   Daytime Phone #

CR2E083 (11/00)