2001	UNIFORM	<b>BUSINESS</b>	REPORT	(UBR)

DOCU	MENT # LOOO	0006079		, , , , , ,		:				
DOCUMENT # L0000006079  1. Entity Name  BUTTER GOLF, L.L.C.						FILED				
						01 JAN 29 AM 8: 14				
Principal Place of Business Mailing Address										
30 OVERLOO ANDERSON II		30 Overlook Drive Anderson in 46011				SECRETARY OF STATE TALEAHASSEE, FLORIDA				
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Principal Place of Business     3. Mailing Address										
3681 SW COQUINA COUE WAY  Suite, Apt. #, etc.  Suite, Apt. #, etc.										
APT. # 106					DO NOT WRITE IN THIS SPACE					
City & Stat	CITY, FL	City & State		t.		Number 5-/0/3/8	36		pplied For ot Applicable	
Zip Country		Zip	Country			tificate of Status Desired	□ \$	5.00 Add	ditional	
3499	6. Name and Address of Current	Registered Agent			7. Nan	ne and Address of New I		ee Require <b>jent</b>	ıd	
MEINERS, LOUIS M JR.					Name					
-	RMITAGE LANE			Street Address (P.O. Box Number is Not Acceptable)						
NAPLES FL 34105				-						
				City	·		FL	Zip Cod	e	
8. The above	named entity submits this statement fo	r the purpose of changing it	s register	ed office or re	gistered agent,	or both, in the State of Fl	orida.	•		
SIGNATURE .										
	Signature, typed or printed name of registered agent a	and title if applicable. (NO	TE: Registere	d Agent signature r	required when reinsta	ting}	DATE		. , , ;	
	÷	FILE N Make Check P		FEE IS \$50 o Departme					į	
9.	MANAGING MEMBI	ERS/MEMBERS	10.			ADDITIONS	/CHANGES		<u> </u>	
TITLE NAME	MANAGING PARTN	L Delete	TITL	I .				Change	Addition	
STREET ADDRESS	CAREY B MCLAUGH 30 OUERLOOK OI	LIN	NAM STRE	ET ADDRESS	ė	•			İ	
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NAME		☐ Delete	TITLI				_	Change	Addition	
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TITLE		Delete	TITLE	<del></del>		*****		<u>集宏家案案</u> □ □ Change	Addition	
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CITY-ST-ZIP				-ST-ZIP					·	
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CITY-ST-ZIP	and the same of th	1	CITY-	ST-ZIP						
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.										
Resident of the second of the										
SIGNATURE: CALLED JAMES AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daylime Prone #										