

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000006934

1. Entity Name

BUTTREY DEVELOPMENT THREE, LLC



Principal Place of Business

6239 EDGEWATER DRIVE, SUITE D-1
ORLANDO FL 32810

Mailing Address

6239 EDGEWATER DRIVE, SUITE D-1
ORLANDO FL 32810

2. Principal Place of Business

6239 Edgewater Dr.
Suite, Apt. #, etc.
Suite D-1

3. Mailing Address

2427 Pulaski Hwy
Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Baltimore, MD

Zip

32810

Country

USA

Zip

21237

Country

USA

4. FEI Number

59-3653859

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BUTTREY, JOHN
6239 EDGEWATER DRIVE, SUITE D-1
ORLANDO FL 32810

7. Name and Address of New Registered Agent

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

John Buttrey

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

(NOTE: Registered Agent signature required when reinstating)

1-13-03

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME BUTTREY, JOHN
STREET ADDRESS 6239 EDGEWATER DRIVE, SUITE D-1
CITY-ST-ZIP ORLANDO FL 32810 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
800014450658
03/21/03--01060--013 **50.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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 606, Florida Statutes.

SIGNATURE:

John Buttrey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

01/08/03

Date

407-296-0016

Daytime Phone #

FILED

03 MAR 21 AM 10:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



☐ CHECK HERE IF MAKING CHANGES

CR2E083 (10/02)