2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L00000011328

Entity Name

BUTTERS NEWPORT, LLC



FILED Apr 29, 2004 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

1096 EAST NEWPORT CENTER DR., STE. 100 DEERFIELD BEACH, FL 33442 1096 EAST NEWPORT CENTER DR., STE. 100 DEERFIELD BEACH, FL 33442



03182004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 65-1050020 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BUTTERS, MALCOLM 1096 E NEWPORT CENTER DRIVE SUITE 100 DEERFIELD BEACH, FL 33442

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DEERFIELD BEACH, FL 33442		IN THIS SPACE		
	named entity submits this statement for the purpose of changing its registere ions of registered agent.	d office or registered agent, or both, in the State of Florida. I am familiar with, and accept		
SIGNATURE_	Signature, typed or printed name of registered agent and title if applicable (NOTE Registered	Agent signature required when relinstating) DATE		
FI	ling Fee is \$50.00 ue by May 1, 2004			
9.	MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS GITY-ST-ZIP	MGRM BUTTERS, MALCOLM 1096 EAST NEWPORT CENTER DR., STE. 100 DEERFIELD BEACH, FL 33442	₩00000139591 04/29/04-80126 -022 50.0 0		
TITLE NAME STREET ADDRESS CITY-S1-ZIP	MGRM BUTTERS, MARK 1096 EAST NEWPORT CENTER DR., STE. 100 DEERFIELD BEACH, FL 33442			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY+ST-ZIP		IN THIS SPACE		
TITLE NAME STREET ADDRESS GITY-ST-ZIP				
TITLE				

11. I hereby certify that the information supplied with this filling 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 signatifie 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.

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STREET ADDRESS

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

alcolon Butters

4/28/04 954 570-8

Daytime Phone #