


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90040 041 ****50.00

DOCUMENT # L00000011328					
1. Entity Name BUTTERS NEWPORT, LLC					
Principal Place of Business 1096 EAST NEWPORT CENTER DR., STE. 100 DEERFIELD BEACH, FL 33442			Mailing Address 1096 EAST NEWPORT CENTER DR., STE. 100 DEERFIELD BEACH, FL 33442		
2. Principal Place of Business 6820 Lyons Technology Circle, #100 Coconut Creek, FL 33073		3. Mailing Address 6820 Lyons Technology Circle, #100 Coconut Creek, FL 33073		03072006 Chg-LLC CR2E083 (11/05)	
4. FEI Number 65-1050020		Applied For Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$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			7. Name and Address of New Registered Agent Name: <u>Malcolm Butters</u> Street Address (P.O. Box Number is Not Acceptable): 6820 Lyons Technology Circle, #100 Coconut Creek, FL 33073		
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 <i>M. BUTTERS</i>		DATE 04/28/06			
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BUTTERS, MALCOLM 1096 EAST NEWPORT CENTER DR., STE. 100 DEERFIELD BEACH, FL 33442	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	6820 Lyons Technology Circle, #100 Coconut Creek, FL 33073
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BUTTERS, MARK 1096 EAST NEWPORT CENTER DR., STE. 100 DEERFIELD BEACH, FL 33442	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	6820 Lyons Technology Circle, #100 Coconut Creek, FL 33073
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
11. 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 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: <i>M. BUTTERS</i>		DATE 04/28/06		954-570-8111	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					