

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000011328

FILED  
Apr 27, 2011  
Secretary of State

**Entity Name:** BUTTERS NEWPORT, LLC

**Current Principal Place of Business:**

6820 LYONS TECHNOLOGY CIRCLE  
SUITE 100  
COCONUT CREEK, FL 33073 US

**New Principal Place of Business:**

**Current Mailing Address:**

6820 LYONS TECHNOLOGY CIRCLE  
SUITE 100  
COCONUT CREEK, FL 33073 US

**New Mailing Address:**

FEI Number: 65-1050020

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BUTLERS, MALCOLM  
6820 LYONS TECHNOLOGY CIRCLE  
SUITE 100  
COCONUT CREEK, FL 33073 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: BUTTERS, MALCOLM  
Address: 6820 LYONS TECHNOLOGY CIRCLE SUITE 100  
City-St-Zip: COCONUT CREEK, FL 33073

Title: MGRM  
Name: BUTTERS, MARK  
Address: 6820 LYONS TECHNOLOGY CIRCLE SUITE 100  
City-St-Zip: COCONUT CREEK, FL 33073

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: M. BUTTERS

MGRM

04/27/2011

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date