## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000024055

1. Entity Name

Principal Place of Business

BUTTREY DEVELOPMENT FOUR, LLC

Mailing Address

DO NOT WRITE IN THIS SPACE

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

4940 CAMPBELL BLVD. STE. 100 NOTTINGHAM, MD 21236-5910

**FILED** Mar 07, 2005 08:00 AM Secretary of State



01072005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number	 Applied For
02-0643551	Not Applicable
5. Certificate of Status Desired	\$5.00 Additional

5. Certificate of Status Desired

\$5.00 Additional Fee Required

(410) 931-9595

Daytime Phone (

02/28/05

Member

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6.	Name and	Address	of C	urrent	Regis	tered	Agent

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

## DO NOT WRITE IN THIS SPACE

<u> </u>					
	named entity submits this statement for the purpose of clions of registered agent.	hanging its registere	d office or registered agen	t, or both, in the Sta	tle 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 reins	rating)	DATE
	lling Fee is \$50.00 ue by May 1, 2005	Wildeline Print 197			T . *3
9.	MANAGING MEMBERS/MANAGERS	. tager continue of the			The second secon
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BUTTREY, JOHN 6239 EDGEWATER DRIVE, SUITE D-1 ORLANDO, FL 32810			<u> </u>	 0000254869 705-80092-004 50.00
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		- <b>4</b>	F	<u>** • • • • • • • • • • • • • • • • • • </u>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
indicated	certify that the information supplied with this filing does no on this report is true and accurate and that my signature billify company of the receiver or trustee empowered to ex-	shall have the same	legal effect as it made und	ier oath: that I am a	atutes. I further certify that the information managing member or manager of the

Christopher J. Strauch, Treasurer,

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