LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000032998

1. Entity Name

LAKES PARK APARTMENTS, L.L.C. change to Butler, LLC

FILED
2003 AUG 19 AM 9:35
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2021 Valpariso Blvd.	2021 Valpariso Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: North Fort Myers, Florida	City & State: North Fort Myers, FL
Zip: 33917 Country: USA	Zip: 33917 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 02-0654183 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Raymond L. Schumann

Street Address (P.O. Box Number is Not Acceptable): 27200 Riverview Center Boulevard

Suite 103

City: Bonita Springs FL Zip Code: 34134

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

FEE IS $50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE: President	TITLE:
NAME: Thomas J. Piper	NAME:
STREET ADDRESS: 2021 Valpariso Blvd.	STREET ADDRESS:
CITY-ST-ZIP: North Fort Myers, FLORIDA 33917	CITY-ST-ZIP:
TITLE:	TITLE:
NAME:	NAME:
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CR2E083B (12/02)

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 608, Florida Statutes.

SIGNATURE: _____ 2/21/03 239-731-1549
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #