

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000034450

FILED  
Apr 06, 2005  
Secretary of State

Entity Name: THE BUTTERFLY HOUSE, LLC

## Current Principal Place of Business:

3400 S. TAMiami TRAIL  
SUITE 202  
SARASOTA, FL 34239

## New Principal Place of Business:

1700 BAYWOOD DR  
SARASOTA, FL 34231

## Current Mailing Address:

3400 S. TAMiami TRAIL  
SUITE 202  
SARASOTA, FL 34239

## New Mailing Address:

1700 BAYWOOD DR  
SARASOTA, FL 34231

FEI Number: 02-0662266

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LUZIER, THOMAS B ESQ.  
3400 S. TAMiami TRAIL  
SUITE 202  
SARASOTA, FL 34239 US

## Name and Address of New Registered Agent:

COLE, VERA Z  
1700 BAYWOOD DR  
SARASOTA, FL 34231 US

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: VERA Z. COLE

04/06/2005

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete  
Name: COLE, VERA Z  
Address: 1700 BAYWOOD DRIVE  
City-St-Zip: SARASOTA, FL 34239

Title: MGR ( ) Delete  
Name: COLE, TIMOTHY H  
Address: 1700 BAYWOOD DRIVE  
City-St-Zip: SARASOTA, FL 34239

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: VERA Z. COLE

MGR

04/06/2005

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