


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 20, 2007 8:00 am
Secretary of State

03-20-2007 90139 026 ****50.00

DOCUMENT # L03000032695 1. Entity Name BUTWELL AND BUTWELL, LLC	
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Principal Place of Business 611 NESBIT STREET PUNTA GORDA, FL 33950	Mailing Address 611 NESBIT STREET PUNTA GORDA, FL 33950
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DO NOT WRITE IN THIS SPACE



02152007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-0200010	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

BUTWELL, PAUL
611 NESBIT STREET
PUNTA GORDA, FL 33950

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$50.00
Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BUTWELL, PAUL G 611 NESBIT ST PUNTA GORDA, FL 33950
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP BUTWELL, NORMAN J 611 NESBIT ST PUNTA GORDA, FL 33950
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

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:  3/15/07 944639-3287
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #