

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000034749

FILED  
Apr 23, 2004  
Secretary of State

Entity Name: BUTLER AVENUE VILLAS, LLC

**Current Principal Place of Business:**

6416 CLARK ROAD  
SARAASOTA, FL 34241

**New Principal Place of Business:**

6416 CLARK ROAD  
SARAASOTA, FL 34241 US

**Current Mailing Address:**

6416 CLARK ROAD  
SARAASOTA, FL 34241

**New Mailing Address:**

P O BOX 19001  
SARAASOTA, FL 34276 US

FEI Number: 52-2401989

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

FORD, JAMES M  
6300 QUEENSBURY BOULEVARD  
SARASOTA, FL 34241 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/MEMBERS:**

Title: MGRM ( ) Delete  
Name: FORD, JAMES M  
Address: 6416 CLARK ROAD  
City-St-Zip: SARAASOTA, FL 34241

Title: MGRM ( ) Delete  
Name: HEWITT, WILLIAM  
Address: 6416 CLARK ROAD  
City-St-Zip: SARAASOTA, FL 34241

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: FORD, JAMES M  
Address: 6416 CLARK ROAD  
City-St-Zip: SARAASOTA, FL 34241 US

Title: MGRM (X) Change ( ) Addition  
Name: HEWITT, WILLIAM  
Address: 6416 CLARK ROAD  
City-St-Zip: SARAASOTA, FL 34241 US

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: JAMES M FORD

MGRM

04/23/2004

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