


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 12, 2004 8:00 am**  
**Secretary of State**

01-29-2004 90113 001 \*\*\*150.00

**34000354**



<b>DOCUMENT # L03000034793</b>			
1. Entity Name <b>BUTTS COUNTY DEVELOPMENT GROUP, LLC</b>			
Principal Place of Business <b>1710 LEE RD. ORLANDO, FL 32810</b>		Mailing Address <b>1710 LEE RD. ORLANDO, FL 32810</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01262004 Chg-LLC CR2E083 (10/03)

4. FEI Number **26-007-8995** Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>B&amp;C CORPORATE SERVICES OF CENTRAL FL, INC</b>		Name	
<b>390 N. ORANGE AVE., STE. 1100</b>		Street Address (P.O. Box Number is Not Acceptable)	
<b>ORLANDO, FL 32801</b>		City	
		FL Zip Code	

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. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00  
Due by May 1, 2004**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MANAGER DAVID JANNEY 1515 Enseigne Dr Orlando FL 32825</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MANAGER ALFRED JANNEY 563 Jade Wind Dr Orlando, FL 32825</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 606, Florida Statutes.

**SIGNATURE:** *[Signature]* **1-26-04**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #



Attachment  
34000354

FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

February 2, 2004

BUTTS COUNTY DEVELOPMENT GROUP, LLC  
1710 LEE RD.  
ORLANDO, FL 32810

Subject: BUTTS COUNTY DEVELOPMENT GROUP, LLC

Reference Number: L03000034793

Please be advised, we have received your annual report/uniform business report and check(s) totaling \$150.00 of which \$50.00 has been designated to file this report. However, the enclosed annual report/uniform business report **has not been filed** and a copy is being returned to you for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

List the complete title, name, street address, city, state and zip code of each manager, managing member or principal of the limited liability company.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/sm

ANNUAL REPORTS SECTION

Division of Corporations - P.O. BOX 6478 - Tallahassee, Florida 32314