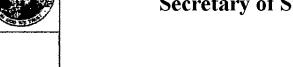
2005 LIMITED LIABILITY COMPANY ANNUAL REPORT **DOCUMENT # L03000054516** 1. Entity Name RICK BUTERA LLC Principal Place of Business Mailing Address **5027 DELMONTE AVENUE 5027 DELMONTE AVENUE** SARASOTA, FL 34235 SARASOTA, FL 34235

FILED Apr 25, 2005 08:00 AM Secretary of State





				04232005No Cr
)	NOT WRITE	IN THIS	SPACE	

ng-LLC CR2E083 (10/03) Applied For 4. FEI Number 05-0594564 Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BUTERA, RICHARD R **5027 DELMONTE AVENUE** SARASOTA, FL 34235

DO NOT WRITE IN THIS SPACE

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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE						
Fi D	iling Fee is \$50.00 ue by May 1, 2005					
9.	MANAGING MEMBERS/MANAGERS	_ = are Are are a				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BUTERA, RICHARD R 5027 DELMONTE AVENUE SARASOTA, FL 34235		(Innoon328267			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			04/25/05-80070-012 50.00			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN .	THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
11. I hereby certify that the information supplied with this filling 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 managing of the						

indicated on this report is the and accurate and man my signature shall have the same regardence as i made on the reality in a signature shall have a required by Chapter 608, Florida Statutes.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

941-351-7452

Daylime Phone #