

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000002789

FILED  
Jan 08, 2006  
Secretary of State

Entity Name: BUTLER BENEFIT GROUP, LLC

**Current Principal Place of Business:**

1211 PALM BREEZE COURT  
LAKE MARY, FL 32746 US

**New Principal Place of Business:**

**Current Mailing Address:**

1211 PALM BREEZE COURT  
LAKE MARY, FL 32746 US

**New Mailing Address:**

FEI Number: 20-0575617

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

RANDOLH, SWAIN, TALLENT & WHITHEAD, LLP  
2600 LAKE LUCIEN DRIVE  
MAITLAND, FL 32751 US

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

RANDOLH, SWAIN, TALLENT & WHITHEAD, LLP  
2600 LAKE LUCIEN DRIVE  
SUITE 207  
MAITLAND, FL 32751 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:

01/08/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: ROBBINS, RHETT V  
Address: 1211 PALM BREEZE COURT  
City-St-Zip: LAKE MARY, FL 32746 US

Title: MGRM (X) Delete  
Name: ROBBINS, MEGGIN H  
Address: 1211 PALM BREEZE COURT  
City-St-Zip: LAKE MARY, FL 32746 US

**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 Chapter 119, 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: RHETT ROBBINS

MGMR

01/08/2006

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