

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 24, 2008 8:00 am**  
**Secretary of State**

04-24-2008 90030 001 \*\*\*416.25

30004603



04032008 Chg-LLC CR2E083 (12/06)

DOCUMENT # L04000039860	
1. Entity Name BUTLER, LLC	



Principal Place of Business 8585 MIDNIGHT PASS ROAD SARASOTA, FL 34242	Mailing Address 8585 MIDNIGHT PASS ROAD SARASOTA, FL 34242
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2. Principal Place of Business - No P.O. Box # 328 Shulls Mill Road Suite, Apt. #, etc.	3. Mailing Address P.O. Box 188 Suite, Apt. #, etc.
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City & State Boone, NC	City & State Dawson Rock NC
Zip 28607	Zip 28605
Country USA	Country USA

4. FEI Number 20-1159095	Applied For <input type="checkbox"/> 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 JAMES, E. RUSSELL 8585 MIDNIGHT PASS ROAD SARASOTA, FL 34242	
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7. Name and Address of New Registered Agent Name: Kerkering Barberio Street Address (P.O. Box Number is Not Acceptable): 1990 Main St Suite 801 City: Sarasota FL Zip Code: 34236	
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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 \_\_\_\_\_

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM JAMES, E RUSSELL 8585 MIDNIGHT PASS ROAD SARASOTA, FL 34242 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	328 Shulls Mill Road Boone, NC 28607 <input checked="" 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
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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 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: J. E. Russell Date: 4-9-08 Daytime Phone #: 828-963-2445