


**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

20043006

DOCUMENT # L04000048607

1. Entity Name  
BUTTERS REAL ESTATE FUNDS, LLC



Principal Place of Business  
1096 EAST NEWPORT CENTER DRIVE  
SITE 100  
DEERFIELD BEACH, FL 33442

Mailing Address  
1096 EAST NEWPORT CENTER DRIVE  
SITE 100  
DEERFIELD BEACH, FL 33442

2. Principal Place of Business  
6820 Lyons Technology Circle,  
#100 Suite, Apt. #, etc.  
Coconut Creek, FL 33073  
City & State

3. Mailing Address  
6820 Lyons Technology Circle,  
#100 Suite, Apt. #, etc.  
Coconut Creek, FL 33073  
City & State

Zip  
Country

Zip  
Country

6. Name and Address of Current Registered Agent  
BUTTERS, MALCOLM  
1096 EAST NEWPORT CENTER DRIVE, SUITE 100  
DEERFIELD BEACH, FL 33442

7. Name and Address of New Registered Agent  
Name  
6820 Lyons Technology Circle,  
#100  
Coconut Creek, FL 33073  
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  
M. BUTTERS  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

04/28/06  
DATE

Filing Fee is \$50.00  
Due by May 1, 2006

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

MGRM  
BUTTERS, MALCOLM  
1096 EAST NEWPORT CENTER DRIVE, SUITE 100  
DEERFIELD BEACH, FL 33442

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6820 Lyons Technology Circle,  
#100  
Coconut Creek, FL 33073

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ 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:  
M. BUTTERS  
Signature and typed or printed name of signing managing member, manager, or authorized representative

04/28/06  
Date

954-570-8111  
Daytime Phone #

05-02-2006 90039 009 \*\*\*\*50.00

20043006



03072006 Chg-LLC CR2E083 (11/05)

4. FEI Number  
84-1651549  
Applied For  
Not Applicable

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