
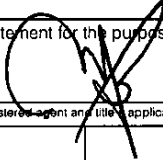
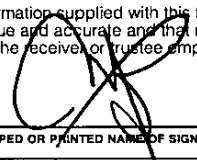


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90089 021 ****50.00

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|--|--|--|--|---|--|
| DOCUMENT # L04000066337 | | | |  | |
| 1. Entity Name BUTTERS CAPITAL I, LLC | | | | | |
| Principal Place of Business 4811 LYONS TECHNOLOGY PARKWAY, SUITE 6 COCONUT CREEK, FL 33073 | | | Mailing Address 4811 LYONS TECHNOLOGY PARKWAY, SUITE 6 COCONUT CREEK, FL 33073 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| BUTTERS, MALCOLM 4811 LYONS TECHNOLOGY PARKWAY, SUITE 6 COCONUT CREEK, FL 33073 | | | Name <u>Malcolm Butters</u> | | |
| | | | Street Address (P.O. Box Number is Not Acceptable) <u>1096 E. Newport Center Dr. #100</u> | | |
| | | | City <u>Deerfield Beach</u> FL Zip Code <u>33442</u> | | |
| 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 <u></u> <u>Malcolm Butters</u> <u>4/28/05</u> <small>Signature, typed or printed name of registered agent and title, applicable. (NOT: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2005 | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <u>Manager</u> <u>Malcolm Butters</u> <u>1096 E. Newport Center Dr. #100</u> <u>Deerfield Beach, FL 33442</u> | | <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"/> 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 608, Florida Statutes. | | | | | |
| SIGNATURE: <u></u> <u>Malcolm Butters</u> <u>4/28/05</u> <u>954-570-8111</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small> | | | | | |