

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

05-02-2006 90040 039 ****50.00

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

6820 LYONS TECHNOLOGY CIRCLE
Suite, Apt. #, etc.
#100

City & State

COCONUT CREEK, FL.

Zip

33073

Country

USA

3. Mailing Address

6820 LYONS TECHNOLOGY CIRCLE
Suite, Apt. #, etc.
#100

City & State

COCONUT CREEK, FL.

Zip

33073

Country

USA

04252006

Chg-LLC

CR2E083 (11/05)

4. FEI Number

27-0108942

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BUTTERS, MALCOLM
1016 E NEW PORT CENTER DR
#100
DEERFIELD BEACH, FL 33442

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

6820 LYONS TECHNOLOGY CIRCLE, #100
City
COCONUT CREEK FL Zip Code
33073

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.

M. BUTTERS

(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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
BUTTERS, MALCOLM
1096 E NEWPORT CENTER DR
DEERFIELD BEACH, FL 33442 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
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TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

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

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☐ Change ☐ Addition

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☐ 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:

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

M. BUTTERS

04/28/06

DATE

954-570-8111

Daytime Phone #