

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 17, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # L04000085763**

1. Entity Name  
**BUTLER POINTE, LLC**



Principal Place of Business

**45 WEST BAY STREET STE. 203  
JACKSONVILLE, FL 32202**

Mailing Address

**45 WEST BAY STREET STE. 203  
JACKSONVILLE, FL 32202**



01042008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-1933081**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**GRUNTHAL, LEONARD H III  
45 WEST BAY STREET, SUITE 203  
JACKSONVILLE, FL 32202**

**DO NOT WRITE  
IN THIS SPACE**

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

U000000860384  
04/02/08-80060-009 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE MGR  
NAME GRUNTHAL, LEONARD H III  
STREET ADDRESS 45 WEST BAY STREET, SUITE 203  
CITY-ST-ZIP JACKSONVILLE, FL 32202

TITLE MGR  
NAME SCHUETT, WILLIAM F JR  
STREET ADDRESS 45 WEST BAY STREET, SUITE 203  
CITY-ST-ZIP JACKSONVILLE, FL 32202

TITLE MGR  
NAME ANGELO, MARC  
STREET ADDRESS 11363 SAN JOSE BLVD, BLDG 300  
CITY-ST-ZIP JACKSONVILLE, FL 32223

TITLE MGR  
NAME SCHULTZ, JOHN  
STREET ADDRESS P.O. BOX 1200  
CITY-ST-ZIP JACKSONVILLE, FL 32202

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

**Leonard H Grunthal III** 03/06/08 904-356-10600

Date

Daytime Phone #