

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000087631

FILED  
Apr 13, 2008  
Secretary of State

Entity Name: BUTCHER'S BLUE RUN ABODE, LLC

**Current Principal Place of Business:**

5312 CHIPPENDALE CIR.  
FT. MYERS, FL 33919

**New Principal Place of Business:**

**Current Mailing Address:**

5312 CHIPPENDALE CIR.  
FT. MYERS, FL 33919

**New Mailing Address:**

FEI Number: 20-1973166

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FOWLER WHITE BOGGS BANKER P.A.  
501 E. KENNEDY BLVD. SUITE 1700  
TAMPA, FL 33919 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: BUTCHER, DAVID R  
Address: 5312 CHIPPENDALE CIRCLE  
City-St-Zip: FT. MYERS, FL 33901 US

Title: MGRM ( ) Delete  
Name: BUTCHER, CAROLYN A  
Address: 6005 N. OTIS AVENUE  
City-St-Zip: TAMPA, FL 33604 US

Title: MGRM ( ) Delete  
Name: BUTCHER, JOHN R  
Address: 4208 RIVERSIDE DRIVE  
City-St-Zip: RICHMOND, VA 23225 US

Title: MGRM ( ) Delete  
Name: BUTCHER, ROBERT S  
Address: P.O.BOX 587  
City-St-Zip: PLACIDA, FL 33946 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: CAROLYN A. BUTCHER

MGRM

04/13/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date