## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

**DOCUMENT # L05000001850** 

1. Entity Name

BUTTERS CAPITAL II, LLC



FILED
May 01, 2007 08:00 A
Secretary of State

Principal Place of Business

**6820 LYONS TECHNOLOGY CIRCLE** 

SUITE 100

COCONUT CREEK, FL 33073 US

Mailing Address

**6820 LYONS TECHNOLOGY CIRCLE** 

SUITE 100

COCONUT CREEK, FL 33073



04102007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number			Applied For
22-3905396			Not Applicable
5. Certificate of Status Desired		\$5.00	) Additional

6. Name and Address of Current Registered Agent

BUTLERS, MALCOLM 6820 LYONS TECHNOLOGY CIRCLE SUITE 100 COCONUT CREEK, FL 33073

SIGNATURE:

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	named entity submits this statement for the purpose of changions of registered agent.	ging its registered office or registered agent, or bot	h, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, lyped or printed name of registered egent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
F	iling Fee is \$50.00 ue by May 1, 2007	(10) E (tigataleo rigent agrando equies man en saling)	J. C.
9,	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BUTLERS, MALCOLM 6820 LYONS TECHNOLOGY CIRCLE SUITE 100 COCONUT CREEK, FL 33073		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			U00000751737 05/18/07-80114-010 50.00
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN 7	THIS SPACE
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TITLE NAME STREET ADDRESS CITY-ST-7IP			4

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 impowered to execute this report as required by Chapter 608, Florida Statutes.