


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 30, 2006 8:00 am
Secretary of State

03-30-2006 90194 017 ****50.00

DOCUMENT # L05000027942					
1. Entity Name BUTTERFIELD PROPERTY, LLC					
Principal Place of Business 811 MALAGA AVENUE CORAL GABLES, FL 33134			Mailing Address 811 MALAGA AVENUE CORAL GABLES, FL 33134		
2. Principal Place of Business 3034 ALLAMANDA ST		3. Mailing Address 3034 ALLAMANDA ST.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State COCONUT GROVE, FL		City & State COCONUT GROVE, FL		4. FEI Number 87-0743215	
Zip 33133		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent WAGNER, ROBERT 811 MALAGA AVENUE CORAL GABLES, FL FL		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3034 ALLAMANDA ST. City COCONUT GROVE FL Zip Code 33133			
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>Robert Wagner</u> (Robert Wagner) DATE <u>3/25/06</u> <small>Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE MGRM NAME WAGNER, ROBERT STREET ADDRESS 811 MALAGA AVENUE CITY-ST-ZIP CORAL GABLES, FL 33134	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 3034 ALLAMANDA ST. CITY-ST-ZIP COCONUT GROVE, FL 33133	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE MGRM NAME PRETE, JOHN STREET ADDRESS 5111 COBBLE CREEK COURT CITY-ST-ZIP NAPLES, FL 34110	<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	
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	
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	
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: <u>Robert Wagner</u>			Date <u>3/25/06</u> Daytime Phone # <u>385-561-5099</u>		