


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Aug 10, 2007 8:00 am**  
**Secretary of State**

08-10-2007 90015 015 \*\*\*\*55.00

<b>DOCUMENT # L05000037589</b>		
1. Entity Name <b>BUTLER TOWNHOMES, L.L.C.</b>		
Principal Place of Business <b>2631 EAST OAKLAND PARK BLVD., SUITE 2 FORT LAUDERDALE FL 33306-1618</b>		Mailing Address <b>2631 EAST OAKLAND PARK BLVD., SUITE 2 FORT LAUDERDALE FL 33306-1618</b>



2. Principal Place of Business - No P.O. Box # <b>155 S.E. 6th Place</b>		3. Mailing Address <b>155 S.E. 6th Place</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Lake Butler, FL</b>		City & State <b>Lake Butler, FL</b>	
Zip <b>32054</b>	Country <b>USA</b>	Zip <b>32054</b>	Country <b>USA</b>

2nd MOORE CR2E083 (4/07)

4. FEI Number <b>26-0111101</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent <b>ATHANASAKOS, ELIZABETH 2631 EAST OAKLAND PARK BLVD., SUITE 205 FORT LAUDERDALE FL 33306-1618</b>		7. Name and Address of New Registered Agent Name <b>MARGARET WETZEL</b> Street Address (P.O. Box Number is Not Applicable) <b>155 S.E. 6th Place</b> City <b>Lake Butler</b> FL Zip Code <b>32054</b>

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 *Margaret Wetzel* DATE **8/7/07**  
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By September 5, 2007**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM WETZEL, MARGARET 2631 EAST OAKLAND PARK BLVD., SUITE 205 FORT LAUDERDALE FL 33306-1618 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Margaret Wetzel, Managing Member* DATE **8/7/07**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE