
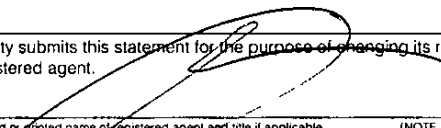
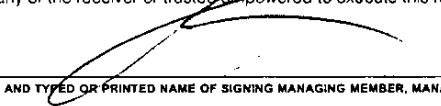


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90039 011 \*\*\*\*50.00

<b>DOCUMENT # L05000046681</b> 1. Entity Name <b>BUTTERS ACQUISITIONS, LLC</b>					
Principal Place of Business <b>1096 EAST NEWPORT CENTER DRIVE, SUITE 100 DEERFIELD BEACH, FL 33442</b>			Mailing Address <b>1096 EAST NEWPORT CENTER DRIVE, SUITE 100 DEERFIELD BEACH, FL 33442</b>		
2. Principal Place of Business <b>6820 LYONS TECHNOLOGY CIRCLE</b> Suite, Apt. #, etc. <b>#100</b> City & State <b>COCONUT CREEK, FL</b> Zip <b>33073</b>		3. Mailing Address <b>6820 LYONS TECHNOLOGY CIRCLE</b> Suite, Apt. #, etc. <b>#100</b> City & State <b>COCONUT CREEK, FL</b> Zip <b>33073</b>		03072006 Chg-LLC CR2E083 (11/05) 4. FEI Number <b>86-1139136</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>			
6. Name and Address of Current Registered Agent <b>BUTTERS, MALCOLM</b> <b>1096 EAST NEWPORT CENTER DRIVE, SUITE 100</b> <b>DEERFIELD BEACH, FL 33442</b>			7. Name and Address of New Registered Agent Name <b>BUTTERS, MALCOLM</b> Street Address (P.O. Box Number is Not Acceptable) <b>6820 LYONS TECHNOLOGY CIRCLE, #100</b> City <b>COCONUT CREEK</b> <b>FL</b> Zip Code <b>33073</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  <small>Signature, typed or printed name of registered agent and title if applicable</small>		M. BUTTERS 04/28/06 <small>(NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2006</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MR. Malcolm Butters</b> <b>6820 Lyons Tech Cir #100</b> <b>Coconut Creek, FL 33073</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MR. Malcolm Butters</b> <b>6820 Lyons Tech Cir #100</b> <b>Coconut Creek, FL 33073</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Empty]		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MR. Malcolm Butters</b> <b>6820 Lyons Tech Cir #100</b> <b>Coconut Creek, FL 33073</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Empty]		TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Empty]	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Empty]		TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Empty]	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Empty]		TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Empty]	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Empty]		TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Empty]	
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		M. BUTTERS 04/28/06 954-570-8111 <small>Date Daytime Phone #</small>			