2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 14, 2008 8:00 am
Secretary of State
05-22-2008 90512 012 ****50.00
07-14-2008 90098 014 ****88.75

DOCUMENT # L05000046681

1. Entity Name
BUTTERS ACQUISITIONS, LLC

60044787

Principal Place of Business	Mailing Address
6820 LYONS TECHNOLOGY CIR 100 COCONUT CREEK, FL 33073	6820 LYONS TECHNOLOGY CIR 100 COCONUT CREEK, FL 33073

04242008No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
86-1139136
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

BUTTERS, MALCOLM
6820 LYONS TECHNOLOGY CIR #100
COCONUT CREEK, FL 33073

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	BUTTERS, MALCOLM
STREET ADDRESS	6820 LYONS TECHNOLOGY CIR #100
CITY-ST-ZIP	COCONUT CREEK, FL 33073
TITLE	MGR
NAME	BUTTERS, MARK
STREET ADDRESS	6820 LYONS TECHNOLOGY CIR #100
CITY-ST-ZIP	COCONUT CREEK, FL 33073
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #