FILED
Aug 21, 2006 8:00 am
Secretary of State

05-02-2006 90039 002 ****50.00

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000047101

1. Entity Name
BUTTERS CAPITAL III, LLC

Principal Place of Business
4811 LYONS TECHNOLOGY PARKWAY, STE. 6
COCONUT CREEK, FL 33073

Mailing Address
4811 LYONS TECHNOLOGY PARKWAY, STE. 6
COCONUT CREEK, FL 33073

04202006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business		3. Mailing Address	
6820 Lyons Technology Circle,		6820 Lyons Technology Circle,	
Suite, Apt. #, etc. #100 #100		Suite, Apt. #, etc. #100 #100	
City & State Coconut Creek, FL 33073 Coconut Creek FL		City & State Coconut Creek, FL 33073 Coconut Creek, FL	
Zip 33073	Country USA	Zip 33073	Country USA

4. FEI Number 11-3755709 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BUTTERS, MALCOLM
4811 LYONS TECHNOLOGY PARKWAY, STE. 6
COCONUT CREEK, FL 33073

7. Name and Address of New Registered Agent

Name: Malcolm Butters.
Street Address (P.O. Box Number is Not Acceptable): 6820 Lyons Tech Circle
6820 Lyons Technology Circle, #100
#100
City: Coconut Creek, FL 33073 Coconut Creek FL Zip Code 33073

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 [signature] M. BUTTERS 04/28/06
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating. DATE

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR Member Malcolm Butters 6820 Lyons Tech Cir #100 Coconut Creek, FL 33073	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR. Member Malcolm Butters 6820 Lyons Tech Circle #100 Coconut Creek, FL 33073	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: [signature] M. BUTTERS 04/28/06 954-570-8111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #