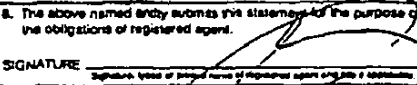


FILED
Aug 21, 2006 8:00 am
Secretary of State

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	
2. Principal Place of Business 6820 Lyons Technology Circle, #100, Apt. P, etc. #100 Coconut Creek, FL 33073 City & State Coconut Creek, FL		3. Mailing Address 6820 Lyons Technology Circle, #100, Apt. P, etc. #100 Coconut Creek, FL 33073 City & State 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 Technology Circle #100 Coconut Creek, FL 33073 City & State Coconut Creek, FL	
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  M. BUTTERS		DATE 04/28/06	
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS TITLE NAME STREET ADDRESS CITY-STATE-ZIP MGR. Malcolm Butters 6820 Lyons Tech Cir #100 Coconut Creek, FL 33073 Delete ☐		10. ADDITIONS/CHANGES TITLE NAME STREET ADDRESS CITY-STATE-ZIP MGR. Malcolm Butters 6820 Lyons Tech Circle #100 Coconut Creek, FL 33073 Change ☐ Addition ☒	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP Delete ☐		TITLE NAME STREET ADDRESS CITY-STATE-ZIP Change ☐ Addition ☐	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP Delete ☐		TITLE NAME STREET ADDRESS CITY-STATE-ZIP Change ☐ Addition ☐	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP Delete ☐		TITLE NAME STREET ADDRESS CITY-STATE-ZIP Change ☐ Addition ☐	
11. I hereby certify that the information supplied with this form 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 liquidator authorized to execute this report as required by Chapter 606, Florida Statutes.			
SIGNATURE:  M. BUTTERS		DATE 04/28/06 154-570-4111	