## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

## Mar 01, 2007 8:00 am Secretary of State DOCUMENT # L05000064070 1. Entity Name 03-01-2007 90189 037 \*\*\*\*55.00 BUTLER INVESTMENTS, LLC Principal Place of Business Mailing Address 200 BANFILL ROAD 200 BANFILL ROAD SANTA ROSA FL 32459 SANTA ROSA FL 32459 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 34 Banfill Road Suile, Apt. #, etc. 34 Bansill Road 1st MOORE CR2E083 (10/06) City & State City & State 4. FEI Number Applied For anta Rosa Bch Fl 20-3793862 Not Applicable Country USA \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Butler, Van Ness R. Jr. BUTLER, VAN NESS R JR. Street Address (P.O. Box Number is Not Acceptable) 200 BANFILL ROAD SANTA ROSA FL 32459 34 BONFILL ROOM Santa Rosa Beach 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. Van Ness R. Butler, Jr 4 FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007 MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES TITLE MGRM ☐ Delete ШП $m \in RM$ Change Addition Butler, Van Ness R. Jr. 34 Banfill Rd. Santa Rosa Beach, Fl. 32459 NAME BUTLER, VAN MESS R JR SIBLE LADDRESS 200 BANFILL RD STREET ADDRESS CHY ST-71P CHY ST ZIP SANTA ROSA BEACH FL 32459 DITE ☐ Delete HILL Addition NAM NAMI STREET ADDRESS STREET ADDRESS CITY ST ZIP CITY ST 7IP 100 ☐ Delete ☐ Addition TITLE ☐ Change STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY ST-ZIP ☐ Change HHE ☐ Defete Addition NAMI NAME STREET ADDRESS STREET ADDRESS CITY ST 7IP CHY SE ZIP ши ☐ Delete ☐ Change Addition NAMI NAMI STREET LADDRESS STREET ADDRESS CHY ST-ZIP CITY-ST ZIP Change ☐ Addition ☐ Delete NAMI STREET ADDRESS STREET ADDRESS CHY SI-ZIP CITY ST ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMOER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED