


2006 LIMITED-LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 NOV 17 AM 9:02

DOCUMENT # L05000116032 1. Entity Name BUTTERS CAPITAL IV, LLC																			
Principal Place of Business 4811 LYONS TECHNOLOGY PARKWAY, SUITE 6 COCONUT CREEK, FL 33073		Mailing Address 4811 LYONS TECHNOLOGY PARKWAY, SUITE 6 COCONUT CREEK, FL 33073																	
2. Principal Place of Business 6820 Lyons Tech Cir. Suite, Apt. #, etc. #100 City & State Coconut Creek, FL Zip 33073 Country USA		3. Mailing Address 6820 Lyons Tech Cir. Suite, Apt. #, etc. #100 City & State Coconut Creek, FL Zip 33073 Country USA																	
4. FEI Number 41-2190098		10162006 REIN-LLC CR2E101 (11/05) <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable																	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		6. Name and Address of Current Registered Agent BUTTERS, MALCOLM 4811 LYONS TECHNOLOGY PARKWAY, SUITE 6 COCONUT CREEK, FL 33073																	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		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 Malcolm Butters DATE 10-16-06 <small>Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating)</small>																	
FILE NOW!!! FEE IS \$50.00 After January 1, 2007, Fee will be \$100.00		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.																	
Make check payable to Florida Department of State		9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">NAME</td> <td style="width:10%;">Delete</td> </tr> <tr> <td></td> <td>HGR Malcolm Butters</td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td>6820 Lyons Tech Cir. #100</td> <td></td> </tr> <tr> <td></td> <td>Coconut Creek, FL 33073</td> <td></td> </tr> </table>		TITLE	NAME	Delete		HGR Malcolm Butters	<input type="checkbox"/>		6820 Lyons Tech Cir. #100			Coconut Creek, FL 33073					
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10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">NAME</td> <td style="width:10%;">Change</td> <td style="width:10%;">Addition</td> </tr> <tr> <td></td> <td>HGR Malcolm Butters</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td></td> <td>6820 Lyons Tech Cir. #100</td> <td></td> <td></td> </tr> <tr> <td></td> <td>Coconut Creek, FL 33073</td> <td></td> <td></td> </tr> </table>		TITLE	NAME	Change	Addition		HGR Malcolm Butters	<input type="checkbox"/>	<input checked="" type="checkbox"/>		6820 Lyons Tech Cir. #100				Coconut Creek, FL 33073			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.	
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	HGR Malcolm Butters	<input type="checkbox"/>	<input checked="" type="checkbox"/>																
	6820 Lyons Tech Cir. #100																		
	Coconut Creek, FL 33073																		
SIGNATURE: Malcolm Butters DATE 10-16-06 DAYTIME PHONE # 954 570 8111 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		300081905373 11/17/06--01046--019 **50.00 REINSTATEMENT 2006																	