2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 16, 2006
Secretary of State

DOCUMENT# L05000122238

Entity Name: BUTLER-BURLINGAME, LLC

Current Principal Place of Business:

PO BOX 2
FERNANDINA BEACH, FL 32034 US

New Principal Place of Business:

PO BOX 2
FERNANDINA BEACH, FL 32035 US

Current Mailing Address:

PO BOX 2
FERNANDINA BEACH, FL 32034 US

New Mailing Address:

PO BOX 2
FERNANDINA BEACH, FL 32035 US

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BURLINGAME, BRIAN
PO BOX 2
FERNANDINA BEACH, FL 32034 US

Name and Address of New Registered Agent:

BURLINGAME, BRYAN
PO BOX 2
FERNANDINA BEACH, FL 32035 US

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.

SIGNATURE: BRYAN BURLINGAME 03/16/2006
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: BURLINGAME, BYAN
Address: PO BOX 2
City-St-Zip: FERNANDINA BEACH, FL 32034 US

Title: MGRM ( ) Delete
Name: BUTLER, PAUL
Address: PO BOX 2
City-St-Zip: FERNANDINA BEACH, FL 32034 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: BURLINGAME, BRYAN
Address: PO BOX 2
City-St-Zip: FERNANDINA BEACH, FL 32035 US

Title: MGRM (X) Change ( ) Addition
Name: BUTLER, PAUL
Address: PO BOX 2
City-St-Zip: FERNANDINA BEACH, FL 32035 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: BRYAN BURLINGAME MGRM 03/16/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date