

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000036926

FILED  
Apr 29, 2009  
Secretary of State

Entity Name: BUTLER DEVELOPMENT, LLC

**Current Principal Place of Business:**

1548 THE GREENS WAY, SUITE 6  
JACKSONVILLE, FL 32250

**New Principal Place of Business:**

**Current Mailing Address:**

1548 THE GREENS WAY, SUITE 6  
JACKSONVILLE, FL 32250

**New Mailing Address:**

PO BOX 1636  
PONTE VEDRA, FL 32004

FEI Number: 20-5342108

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MCCUE, EDWARD R JR  
1548 THE GREENS WAY, SUITE 6  
JACKSONVILLE, FL 32250 US

**Name and Address of New Registered Agent:**

DEVLIN, WALLACE  
1548 THE GREENS WAY, SUITE 6  
JACKSONVILLE, FL 32250 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: WALLACE DEVLIN

04/29/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: THE DEVLIN GROUP, INC.  
Address: 1548 THE GREENS WAY STE 6  
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: MGR ( ) Delete  
Name: ORLO HOLDINGS LLC  
Address: 614 HEMPSTEAD GARDENS DR  
City-St-Zip: WEST HEMPSTEAD, NY 11552 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: WALLACE DEVLIN

MGR

04/29/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date