


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 11, 2007 8:00 am**  
**Secretary of State**

05-11-2007 90195 019 \*\*\*\*50.00

|   |                                 |                           |   |  |  |
|---|---------------------------------|---------------------------|---|--|--|
| DOCUMENT # L06000100213   |                                 |                           |   |   |  |
| <b>1. Entity Name</b><br>BUTTERS CAPITAL V, LLC   |                                 |                           |   |  |  |
| Principal Place of Business<br>6820 LYONS TECHNOLOGY CIRCLE, SUITE 100<br>COCONUT CREEK, FL 33073   |                                 |                           | Mailing Address<br>6820 LYONS TECHNOLOGY CIRCLE, SUITE 100<br>COCONUT CREEK, FL 33073   |  |  |
| <b>2. Principal Place of Business - No P.O. Box #</b>   |                                 | <b>3. Mailing Address</b> |   |  |  |
| Suite, Apt. #, etc.   |                                 | Suite, Apt. #, etc.       |   |  |  |
| City & State  |                                 | City & State              |   |  |  |
| Zip   | Country                         | Zip                       | Country   | <b>4. FEI Number</b> 04102007    Chg-LLC    CR2E083 (12/06)  |  |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/> \$5.00 Additional Fee Required   |                                 |                           |   | <input checked="" type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable   |  |
| <b>6. Name and Address of Current Registered Agent</b>  |                                 |                           | <b>7. Name and Address of New Registered Agent</b>  |  |  |
| HOUK, JANE A<br>2200 MUSEUM TOWER, 150 WEST FLAGLER STREET<br>MIAMI, FL 33130   |                                 |                           | Name <u>Malcolm Butters</u><br>Street Address <u>6820 Lyons Technology Circle #100</u><br>City <u>Coconut Creek</u> FL <u>33073</u> |  |  |
| <b>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.</b>  |                                 |                           |   |  |  |
| SIGNATURE <u>[Signature]</u>  |                                 |                           | DATE <u>4/30/07</u>   |  |  |
| Filing Fee is \$50.00<br>Due by May 1, 2007   |                                 |                           | Make check payable to:<br>Florida Department of State   |  |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>   |                                 |                           | <b>10. ADDITIONS/CHANGES</b>  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete |                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br><u>Malcolm Butters</u><br><u>6820 Lyons Technology Circle #100</u><br><u>Coconut Creek, FL 33073</u> |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete |                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br><u>Mark Butters</u><br><u>6820 Lyons Technology Circle #100</u><br><u>Coconut Creek, FL 33073</u>    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete |                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete |                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete |                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete |                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| <b>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.</b> |                                 |                           |   |  |  |
| SIGNATURE: <u>[Signature]</u>   |                                 |                           | Date <u>4/30/07</u> Daytime Phone # <u>954 570-8111</u>   |  |  |