## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## **DOCUMENT # L06000119484**

1. Entity Name

Principal Place of Business

BUTTERS CAPITAL VII, LLC



OTTERS CAPITAL VII, LLC

6820 LYONS TECHNOLOGY CIRCLE, STE. 100 COCONUT CREEK, FL 33073

Mailing Address

6820 LYONS TECHNOLOGY CIRCLE, STE. 100 COCONUT CREEK, FL 33073

FILED
May 01, 2008 08:00 AN
Secretary of State



DO NOT WRITE IN THIS SPACE

04242008No Chg-LLC CR2E083 (12/07)

5. Certificate of Status Desired	\$5.00	Additional
20-8074669		Not Applicable
I, FEI Number		Applied For

6. Name and Address of Current Registered Agent

BUTTERS, MALCOLM 6820 LYONS TECHNOLOGY CIRCLE, STE. 100 COCONUT CREEK, FL 33073 DO NOT WRITE IN THIS SPACE

<ol><li>The</li></ol>	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\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

## FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	BUTTERS, MALCOM
STREET ADDRESS	6820 LYONS TECH CIR #100
CITY - ST - ZIP	COCONUT CREEK, FL 33073
TITLE	MGR
NAME	BUTTERS, MARK
STREET ADDRESS	6820 LYONS TECH CIR #100
CITY-ST-ZIP	COCONUT CREEK, FL 33073
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-SI-ZIP	

U00000938705 05/27/08-80100-021 138.79

## DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with misfuling 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 has 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 this telephone empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** 

IGNATURE AND TYPED OR PRINTED NAME OF BLOOMIG MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Dat

Daytime Phone #