

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90040 037 \*\*\*\*50.00

**20043056**



<b>DOCUMENT # L99000004473</b> 1. Entity Name <b>BUTTERS HERALD PLAZA, LLC</b>					
Principal Place of Business <b>1096 E. NEWPORT CENTER DR., STE. 100 DEERFIELD BEACH, FL 33442</b>			Mailing Address <b>1096 E. NEWPORT CENTER DR., STE. 100 DEERFIELD BEACH, FL 33442</b>		
2. Principal Place of Business <b>6820 Lyons Tech Cir Suite, Apt. #, etc. #100 City &amp; State Coconut Creek, FL Zip 33073 Country USA</b>		3. Mailing Address <b>6820 Lyons Tech Cir. Suite, Apt. #, etc. #100 City &amp; State Coconut Creek, FL Zip 33073 Country USA</b>		04262006 Chg-LLC CR2E083 (11/05) 4. FEI Number <b>65-0957746</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>BUTTERS, MALCOLM 1096 E. NEWPORT CENTER DR., STE. 100 DEERFIELD BEACH, FL 33442</b>			7. Name and Address of New Registered Agent Name <b>Malcolm Butters</b> Street Address (P.O. Box Number is Not Acceptable) <b>6820 Lyons Tech Cir. #100</b> City <b>Coconut Creek FL</b> Zip Code <b>33073</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.					
SIGNATURE <u>M. BUTTERS</u> DATE <u>04/28/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM BUTTERS, MALCOLM 1096 E. NEWPORT CENTER DR., STE. 100 DEERFIELD BEACH, FL 33442</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM BUTTER, MARK 1096 E. NEWPORT CENTER DR., STE. 100 DEERFIELD BEACH, FL 33442</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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:</b> <u>M. BUTTERS</u> DATE <u>04/28/06</u> <u>954-570-8111</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					