2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000001561

FRYWALD, ERIK

4348 PLUMWOOD DRIVE

WEST DES MOINES, IA 50265

Name:

Address:

City-St-Zip:

Entity Name: FIRST TIME BUTTERMILK, LLC

FILED Jan 14, 2008 Secretary of State

Current Pr	incipal Pla	ice of Business:	New Princ	New Principal Place of Business:	
1290 OWL CREEK RANCH ROAD ASPEN, CO 81611				17633 GUNN HWY #241 ODESSA, FL 33556	
Current Mailing Address:			New Mailii	New Mailing Address:	
1290 OWL CREEK RANCH ROAD ASPEN, CO 81611				17633 GUNN HWY #241 ODESSA, FL 33556	
FEI Number: 20-3324170		FEI Number Applied For()	ber Applied For () FEI Number Not Applicable () Certificate of		
Name and Address of Current Registered Agent: Name				Address of New Registered Agent:	
BALOGH, I 777 ARTHI MIAMI BEA	JR GODFR	REY ROAD, STE 400 140 US			
The above in the State	named enti of Florida.	ty submits this statement for the p	urpose of changing it	ts registered office or registered agent, or both	
SIGNATUR	RE:				
	Elect	ronic Signature of Registered Age	ent	Date	
MANAGING MEMBERS/MANAGERS:			ADDITIONS/C	ADDITIONS/CHANGES:	
Title: Name: Address: City-St-Zip:	MGR SME CHILD 1290 OWL (ASPEN, CO	CREEK RANCH ROAD	Title: Name: Address: City-St-Zip:	MGR (X) Change () Addition SME CHILDREN, LP, 17633 GUNN HWY #241 ODESSA, FL 33556	
Title: Name: Address: City-St-Zip:	777 ARTHUI	() Delete MILY INVEST, MENTS, LP R GODFREY ROAD, STE 400 CH, FL 33140	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MGR FYRWALD, 1265 MOUN ASPEN, CO	TAIN VIEW DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	1246 79TH	() Delete R, LEONARD S STREET SOUTH SBURG, FL 33707	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title:	MGR	() Delete	Title:	() Change () Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: STEVEN ESRICK MGR 01/14/2008