

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 24, 2004 8:00 am
Secretary of State

05-24-2004 90528 030 ****50.00

DOCUMENT # L00000003339

1. Entity Name
BT FINANCIAL, LLC



Principal Place of Business

~~172 CAMERON DRIVE~~ 1815 Harbor View Circle
WESTON, FL ~~33326~~ 33327

Mailing Address

~~172 CAMERON DRIVE~~ 1815 Harbor View Circle
WESTON, FL ~~33326~~ 33327

DO NOT WRITE IN THIS SPACE



05122004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
65-0992641

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

AMERICAN INFORMATION SERVICES, INC.
350 EAST LAS OLAS BOULEVARD, SUITE 1600
FORT LAUDERDALE, FL 33301

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IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by September 8, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	LIEBMAN, BRUCE
STREET ADDRESS	172 CAMERON DRIVE 1815 Harbor View Circle
CITY-ST-ZIP	WESTON, FL 33326 33327
TITLE	MGRM
NAME	LIEBMAN, TODD
STREET ADDRESS	10 BIRCH MEADOW CIRCLE
CITY-ST-ZIP	FRAMINGHAM, MA 01701
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

5/18/04

Daytime Phone #