


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 Mailing Address

~~172 CAMERON DRIVE~~ 1815 Harbor View Circle ~~172 CAMERON DRIVE~~ 1815 Harbor View Circle
 WESTON, FL 33326 WESTON, FL 33326
 33327 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 <input type="checkbox"/>	\$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

DO NOT WRITE 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

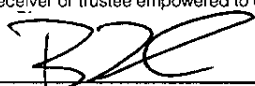
Filing Fee is \$50.00
Due by September 8, 2004

9. MANAGING MEMBERS/MANAGERS

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

DO NOT WRITE 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:  5/18/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #