

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 04, 2003 8:00 am**  
**Secretary of State**

09-04-2003 90037 002 \*\*\*\*50.00

DOCUMENT # L00000003339

1. Entity Name

BT Financial, LLC



**DO NOT WRITE IN THIS SPACE**

90154014

2. Principal Place of Business  
172 Cameron Drive

3. Mailing Address  
172 Cameron Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Weston, Florida

City & State  
Weston, Florida

4. FEI Number  
650992641

Applied For  
Not Applicable

Zip  
33326

Country  
United States

Zip  
33326

Country  
United States

5. Certificate of Status Desired  \$5.00 Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name  
American Information Services, Inc.

Street Address (P.O. Box Number is Not Acceptable)

350 E. Las Olas Boulevard, Suite 1600

City  
Fort Lauderdale

FL

Zip Code  
33301

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.

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State  
DUE BY MAY 1

**9. MANAGING MEMBERS / MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Bruce Liebman, MGRM  
172 Cameron Drive  
Weston, Florida 33326

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Todd Liebman, MGRM  
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

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

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:

Bruce Liebman

9/2/03

(954) 759-8951

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

Date

Daytime Phone #

CR2E083B (12/02)

attachment

90154014  
#L00000003339



Fort Lauderdale  
Jacksonville  
Miami  
Orlando  
Tallahassee  
Tampa  
West Palm Beach

Las Olas Centre II, Suite 1600  
350 East Las Olas Boulevard  
Fort Lauderdale, Florida 33301-2229

[www.akerman.com](http://www.akerman.com)

954 463 2700 *tel* 954 463 2224 *fax*

September 2, 2003

Janet L. LaPointe, Paralegal  
954 759 8957  
[jlapointe@akerman.com](mailto:jlapointe@akerman.com)

Florida Department of State  
Division of Corporations  
P.O. Box 6478  
Tallahassee, FL 32314

**Re: BT Financial, LLC Annual Report  
Document #L00000003339**

Dear Madam/Sir:

Enclosed for filing on behalf of the above entity is an original executed 2003 Limited Liability Company Uniform Business Report, together with a check in the amount of \$50.00 representing the filing fee.

Sincerely,

**AKERMAN SENTERFITT**

A handwritten signature in cursive script that reads "Janet L. LaPointe".

Janet L. LaPointe,  
Paralegal

cc: Bruce Liebman