


**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  Suite, Apt. #, etc.	3. Mailing Address 172 Cameron Drive  Suite, Apt. #, etc.
City & State Weston, Florida	City & State Weston, Florida
Zip 33326	Country United States

DO NOT WRITE IN THIS SPACE

4. FEI Number 650992641	Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required
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**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	Zip Code FL 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	
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CR2E083B (12/02)

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Bruce Liebman

9/2/03

(954) 759-8951

Date

Daytime Phone #

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

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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**



Janet L. LaPointe,  
Paralegal

cc: Bruce Liebman