


FILED
Apr 18, 2007 8:00 am
Secretary of State

03-29-2007 90181 043 ****50.00

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

3/2

DOCUMENT # L00000011845 1. Entity Name BT CONSULTING I, LLC		
Principal Place of Business 3119 HASSI POINT LONGWOOD, FL 32779	Mailing Address 3119 HASSI POINT LONGWOOD, FL 32779	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent LEZBERG, MICHAEL 3119 HASSI POINT LONGWOOD, FL 32779		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 _____ <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$50.00 Due by May 1, 2007		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR LEZBERG, MICHAEL 3119 HASSI POINT LONGWOOD, FL 32779	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Michael D. Lezberg</i> 4/7/07 407.256.7704 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small> <small>Date Daytime Phone</small>		

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CR2E083 (11/05)

4. FEI Number 59-3685291	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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