


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 19, 2007 08:00 AM
Secretary of State

DOCUMENT # L00000014031 1. Entity Name BLTB ENTERPRISES, L.L.C.	
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Principal Place of Business 8921 N. FORK DRIVE NORTH FORT MYERS, FL 33903	Mailing Address 8921 N. FORK DRIVE NORTH FORT MYERS, FL 33903
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01102007 No Chg-LLC

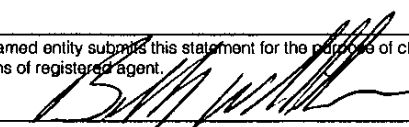
CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1064037	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 WHIDDEN, BILLY 18080 SLATER RD NORTH FORT MYERS, FL 33917

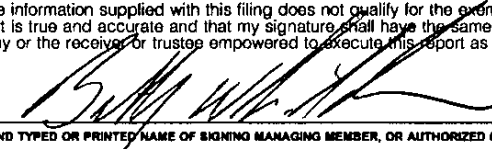
DO NOT WRITE IN THIS SPACE

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 title if applicable.</small>	Billy Whidden <small>(NOTE: Registered Agent signature required when reinstating)</small>	3-14-07 <small>DATE</small>

Filing Fee is \$50.00
Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WHIDDEN, BILLY 18080 SLATER RD N FORT MYERS, FL 33917
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DOUGLAS, TIM 8109 BOONESBORO RD. NORTH FORT MYERS, FL 33917
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>U000000672199 03/28/07-80060-018 50.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
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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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	3-14-07 <small>Date</small>	239 995-8314 JE <small>Daytime Phone #</small>