


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90056 042 ****50.00

DOCUMENT # L01000005024 1. Entity Name B T PRODUCTS, LLC			
Principal Place of Business 13231 NORTHEAST 52ND STREET WILLISTON, FL 32696		Mailing Address P.O. BOX 19319 SARASOTA, FL 34276	
2. Principal Place of Business - No P.O. Box # 8585 N PINE NEEDLE TR		3. Mailing Address PO Box 117	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State CRYSTAL RIVER, FL		City & State CRYSTAL RIVER, FL	
Zip 34428	Country USA	Zip 34428	Country USA
4. FEI Number 59-3706750		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent TRACY, CATHERINE L 2048 CONSTITUTION BLVD SARASOTA, FL 34234 34231		7. Name and Address of New Registered Agent Name TRACY, CATHERINE L Street Address (P.O. Box Number is Not Acceptable) 2058 CONSTITUTION BLVD City SARASOTA FL Zip Code 34231	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BANKS, RUDOLPH H JR. 13231 NORTHEAST 52ND STREET WILLISTON, FL 32696 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BANKS, RUDOLPH H JR 8585 N PINE NEEDLE TR CRYSTAL RIVER, FL 34428 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u><i>R Banks</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Date <u>25 Apr 07</u> ³⁵² Daytime Phone # <u>239-2316</u>	