2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

Secretary of State **DOCUMENT # L01000011138** 04-01-2008 90065 002 ***138.75 1. Entity Name **B-T ONE, LLC** 720 SE 18th Ave. #200 nose 16th Hr.# Principal Place of Business Mailing Address 60018808 1700 SE 17TH ST., SUITE 300 -1700 SE 17TH ST., SUITE 300 OCALA, FL 34471 OCALA, FL 34471 02082008 No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3751250 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BOYD, ROY TILL DO NOT WRITE 1720 SE 16TH AVE **BLDG 200** IN THIS SPACE OCALA, FL 34471 8. The above named entity submits the 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 age SIGNATURE of name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstation) FILE NOW!!! FEE IS \$138.75 After May 7, 2008 Fee will be \$538.75 MANAGING MEMBERS/MANAGERS 9. MGRM TITLE BOYD, ROY T III NAME 1720 SE 16TH AVE BLDG 200 STREET ADDRESS CITY-ST-ZIP OCALA, FL 34471 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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:

STREET ADDRESS CITY-ST-ZIP

R PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENDATIVE

2-11-08

352-861-2248

FILED Apr 01, 2008 8:00 am

Daytime Phone #