





2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 25, 2004 8:00 am
Secretary of State

03-25-2004 90217 028 ****50.00

DOCUMENT # L02000003690 1. Entity Name BTO NET, LLC					
Principal Place of Business 14936 SW 104ST., UNIT 21 MIAMI, FL 33196			Mailing Address 14936 SW 104ST., UNIT 21 UNIT 21 MIAMI, FL 33196		
2. Principal Place of Business 9662 SW 164th CT		3. Mailing Address 9662 SW 164th CT			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Miami, FL		City & State Miami, FL			
Zip 33196		Country USA		4. FEI Number 02-0596259	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required		03222004 Chg-LLC CR2E083 (10/03)	
6. Name and Address of Current Registered Agent LEONARDO, JOSE J ESQ 12515 N. KENDALL DRIVE, SUITE 222 MIAMI, FL 33186				7. Name and Address of New Registered Agent Name Jaime A. Alvarez Street Address (P.O. Box Number is Not Acceptable) 9662 SW 164th CT. City Miami FL Zip Code 33196	
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  JAIME A. ALVAREZ - MANAGER 3/22/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JAIME ALBERTO ALVAREZ 10855 SW 112TH AVENUE, #209 MIAMI, FL 33176	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	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	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 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:  JAIME A. ALVAREZ - MANAGER 3/22/04 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					