

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 09, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L02000004669**

**1. Entity Name**  
**BTC, LIMITED LIABILITY COMPANY**



**Principal Place of Business**

**9341 COLLINS AVE.  
UNIT 508  
SURFSIDE, FL 33154**

**Mailing Address**

**PO BOX 545905  
SURFSIDE, FL 33154**



**01032008 No Chg-LLC**

**CR2E083 (12/07)**

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**  
**01-0604137**

**Applied For**  
**Not Applicable**

**5. Certificate of Status Desired**



**\$5.00 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**OLCHYK, OSCAR MGR  
9341 COLLINS AVE.  
UNIT 508  
MIAMI BEACH, FL 33154**

**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**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

**000000776852  
01/09/08-80041-006 143.75**

**9. MANAGING MEMBERS/MANAGERS**

<b>TITLE</b>	<b>MGRM</b>
<b>NAME</b>	<b>BEJAR, JACOBO</b>
<b>STREET ADDRESS</b>	<b>9341 COLLINS AVE., #305</b>
<b>CITY-ST-ZIP</b>	<b>MIAMI BEACH, FL 33154</b>
<b>TITLE</b>	<b>MGRM</b>
<b>NAME</b>	<b>OLCHYK, OSCAR</b>
<b>STREET ADDRESS</b>	<b>9341 COLLINS AVE., 508</b>
<b>CITY-ST-ZIP</b>	<b>SURFSIDE, FL 33154</b>
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**DO NOT WRITE  
IN THIS SPACE**

**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:**

*Oscar Olchuk*

*01/04/2008*

*305-67-5887*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #