

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Jan 18, 2005 08:00 AM  
Secretary of State**

**DOCUMENT # L02000017604**

1. Entity Name  
**B & T, LLC**



Principal Place of Business  
**669 FIFTH STREET  
FLORALA, AL 36442**

Mailing Address  
**PO BOX 155  
FLORALA, AL 36442-0155**



01112005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**54-2110793**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional  
Fee Required**

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

**HORTON, BETTY H  
480 GULF SHORE DRIVE UNIT 412  
DESTIN, FL 32541-5032**

**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 reappointing)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	HARPER, JAMES T
STREET ADDRESS	669 FIFTH STREET
CITY-ST-ZIP	FLORALA, AL 364420155
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000184416  
01/20/05-80028-018 50.00

**DO NOT WRITE  
IN THIS SPACE**

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: James T. Harper

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

January 14, 2005 858-3357

Date

Daytime Phone #

334