

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000037533

FILED
Mar 02, 2005
Secretary of State

Entity Name: BTC HOLDINGS, LLC

Current Principal Place of Business:

4395 SOUTH BERKLEY LAKE ROAD
DULUTH, GA 30096

New Principal Place of Business:

913 REMINGTON AVENUE
THOMASVILLE, GA 31792

Current Mailing Address:

4395 SOUTH BERKLEY LAKE ROAD
DULUTH, GA 30096

New Mailing Address:

913 REMINGTON AVENUE
THOMASVILLE, GA 31792

FEI Number: 57-1191383 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

COOPER, CHARLES L JR.
1358 THOMASWOOD DRIVE
TALLAHASSEE, FL 32308 US

Name and Address of New Registered Agent:

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.

SIGNATURE: CHARLES L. COOPER, JR

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM () Change (X) Addition
Name: DODGE, CHRIS
Address: 913 REMINGTON AVENUE
City-St-Zip: THOMASVILLE, GA 31792 US

Title: MGRM () Change (X) Addition
Name: DESANTIS, PETER A III
Address: 2360 EWING DR
City-St-Zip: ATLANTA, GA 30319

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: PETER DESANTIS

MGRM

03/02/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date