

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000005683

FILED
May 22, 2005
Secretary of State

Entity Name: B & T INVESTMENTS OF FLORIDA, LLC

Current Principal Place of Business:

5117 PEBBLE ISLE DRIVE
JACKSONVILLE, FL 32210

New Principal Place of Business:

Current Mailing Address:

5117 PEBBLE ISLE DRIVE
JACKSONVILLE, FL 32210

New Mailing Address:

FEI Number: 55-0855914 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

Name and Address of New Registered Agent:

BALL, HAYWOOD M
50 NORTH LAURA STREET
SUITE 2925
JACKSONVILLE, FL 32202 US

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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: JACKSONV, TRACY L
Address: 5117 PEBBLE ISLE DRIVE
City-St-Zip: JACKSONVILLE, FL 32210

Title: MGRM () Delete
Name: FUSSELL, REBECCA J
Address: 9688 WESBOURNE CT.
City-St-Zip: JACKSONVILLE, FL 32221

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: JACKSON, TRACY L
Address: 5117 PEBBLE ISLE DRIVE
City-St-Zip: JACKSONVILLE, FL 32210

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: TRACY L. JACKSON

MGR

05/22/2005

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