2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L04000006190

1. Entity Name
BT AIRPORT SERVICES L.L.C.

Principal Place of Business	Mailing Address
6950 NW 77 CT MIAMI, FL 33166	P.O. BOX 520687 MIAMI, FL 33152

DO NOT WRITE IN THIS SPACE

01172008No Chg-LLC   CR2E083 (12/07)

4. FEI Number	Applied For
58-2683565	Not Applicable

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

6. Name and Address of Current Registered Agent

GRAYSON, MOISES T
25 SE 2ND AVE.
SUITE 730
MIAMI, FL 33131

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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 reinstating)   DATE

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

U00000824401
02/20/08-60074-018 138.75

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	BIJOUX TERNER, LLC
STREET ADDRESS	6950 NW 77 CT
CITY-ST-ZIP	MIAMI, FL 33166
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Leonor Schuck   2/5/08   305-520-7500
Vice President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #