



2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90047 015 ****50.00

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| DOCUMENT # L04000015590 | | | |  | |
| 1. Entity Name BT, LLC | | | | | |
| Principal Place of Business 7785 BAYMEADOWS WAY SUITE 200 JACKSONVILLE, FL 32256 | | | Mailing Address 7785 BAYMEADOWS WAY SUITE 200 JACKSONVILLE, FL 32256 | | |
| 2. Principal Place of Business - No P.O. Box # 5367 Ortega Blvd Suite, Apt. #, etc. Ste 200 City & State Jacksonville, FL | | 3. Mailing Address 5367 Ortega Blvd Suite, Apt. #, etc. Ste 200 City & State Jacksonville FL | |  | |
| Zip 32210 | | Country USA | | 04192007 Chg-LLC CR2E083 (12/06) | |
| 4. FEI Number 25-6048164 | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent WILLIAMS, JAMES R IV 2905 CORINTHIAN AVENUE SUITE 5 JACKSONVILLE, FL 32210 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | |
| 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 _____ DATE <u>4/26/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2007 | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM TAYLOR, BRUCE 7785 BAYMEADOWS WAY STE 200 JACKSONVILLE, FL 32256 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM Taylor, Bruce 5367 Ortega Blvd, Ste 200 Jacksonville FL 32210 |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
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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: _____ <u>4/26/07 9049237857</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small> | | | | | |