



2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 14, 2005 8:00 am
Secretary of State

04-14-2005 90031 028 ****50.00

DOCUMENT # L04000035894					
1. Entity Name B & T WAREHOUSING, LLC					
Principal Place of Business 8736 EAST ROSEMONT COURT INVERNESS, FL 34450			Mailing Address 8736 EAST ROSEMONT COURT INVERNESS, FL 34450		
2. Principal Place of Business 8630 E. ORANGE AVE Suite, Apt. #, etc.		3. Mailing Address 8630 E. ORANGE AVE Suite, Apt. #, etc.			
City & State FLORAL CITY, FL		City & State FLORAL CITY, FL		04042005 Chg-LLC CR2E083 (10/03)	
Zip 34436		Country USA		4. FEI Number 32-0116976	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		Applied For Not Applicable			
6. Name and Address of Current Registered Agent DOHERTY, BERNADETTE 8736 EAST ROSEMONT COURT INVERNESS, FL 34450			7. Name and Address of New Registered Agent Name: DOHERTY, BERNADETTE Street Address (P.O. Box Number is Not Acceptable): 8630 E. ORANGE AVE. City: FLORAL CITY, FL Zip Code: 34436		
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: <u>Bernadette Doherty</u> <u>BERNADETTE DOHERTY, MANL. MEM.</u> <u>04/08/05</u> <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$50.00 Due by May 1, 2005			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DOHERTY, BERNADETTE 8736 EAST ROSEMONT COURT INVERNESS, FL 34450	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DOHERTY, BERNADETTE 8630 E. ORANGE AVE. FLORAL CITY, FL 34436	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BECKWITH, PATRICIA 6005 EAST WAVERLY STREET INVERNESS, FL 34452	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ANTONETTI, PATRICIA L. 331 N. HEBRIDES PT. INVERNESS, FL 34450	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM 	<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 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: <u>Bernadette Doherty</u> <u>BERNADETTE DOHERTY, MGRM</u> <u>04/08/05</u> <u>352-860-2876</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					