

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 12, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000044155**

1. Entity Name  
**BT/FREEPORT, LLC**



Principal Place of Business  
**16515 HIGHWAY 331 SOUTH  
FREEPORT, FL 32439**

Mailing Address  
**601 VESTAVIA PKWY  
SUITE 300  
BIRMINGHAM, AL 35216**



03012006No Chg-LLC

CR2E093 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-1240456**

Applied For  
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

**BONDS, TONJA  
16515 HIGHWAY 331 SOUTH  
FREEPORT, FL 32439**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2006**

**000000504955  
04/26/06-80093-014 50.00**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGR
NAME	TULLIS, ROBERT W
STREET ADDRESS	16515 HIGHWAY 331 SOUTH
CITY-ST-ZIP	FREEPORT, FL 32439
TITLE	MGR
NAME	SCHILLACI, BEN
STREET ADDRESS	601 VESTAVIA PARKWAY, SUITE 300
CITY-ST-ZIP	BIRMINGHAM, AL 35216
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 60B, Florida Statutes.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date **4/1/06**

Daytime Phone # \_\_\_\_\_