

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 01, 2007 08:00 A
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**



02212007 No Chg-LLC

CR2E083 (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, 2007**

U00000652656
03/12/07-80026-022 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 608, Florida Statutes.

SIGNATURE:

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

Date

Daytime Phone #

2/21/07