

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000048797

FILED
Apr 26, 2005
Secretary of State

Entity Name: CBT INTERNATIONAL, LLC

Current Principal Place of Business:

1106 W. INDIANTOWN ROAD
SUITE 1
JUPITER, FL 33458

New Principal Place of Business:

Current Mailing Address:

1106 W. INDIANTOWN ROAD
SUITE 1
JUPITER, FL 33458

New Mailing Address:

FEI Number: 41-2169905

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TYSON, CHRISTOPHER C
1106 W. INDIANTOWN ROAD
SUITE 1
JUPITER, FL 33458 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: TYSON, CHRISTOPHER C
Address: 1106 W. INDIANTOWN ROAD, SUITE 1
City-St-Zip: JUPITER, FL 33458

Title: MGR () Delete
Name: BORGLUND, ROLAND E
Address: 1106 W. INDIANTOWN ROAD, SUITE 1
City-St-Zip: JUPITER, FL 33458

Title: MGR () Delete
Name: CARTER, KEVIN P
Address: 1106 W. INDIANTOWN ROAD, SUITE 1
City-St-Zip: JUPITER, FL 33458

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: CHRISTOPHER TYSON

MGR

04/26/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date