

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000050563



Entity Name
BT PROPERTIES, LLC

Principal Place of Business
**10099 SE 106TH STREET
 BELLEVIEW, FL 34420**

Mailing Address
**P.O. BOX 55
 CANDLER, FL 32111**



01122006 No Chg-LLC CRZE083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **20-1336604** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

**WIGERT, BRETT L
 31 N. BAY STREET
 DUSTIS, FL 32726**

**DO NOT WRITE
 IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

U00000398225
 01/30/06-80084-022 50.00

MANAGING MEMBERS/MANAGERS

NAME	MGRM CANNICI, JUSTIN
STREET ADDRESS	10099 SE 106TH STREET
CITY - ST - ZIP	BELLEVIEW, FL 34420
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
 IN THIS SPACE**

I hereby certify that the information supplied with this filing goes 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 *Justin Cannici*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1/18/06
 Date

Daytime Phone #