

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000065152

Entity Name: BTR PARTNERS, LLC

FILED
Jul 13, 2005
Secretary of State

Current Principal Place of Business:

4026 HENDERSON BLVD.
TAMPA, FL 33629 US

New Principal Place of Business:

Current Mailing Address:

4026 HENDERSON BLVD.
TAMPA, FL 33629 US

New Mailing Address:

FEI Number: 16-1706965 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

ROSS, ROBERT R III
4803 PORTOBELLO CIRCLE
VALRICO, FL 33594 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/MANAGERS:

Title: MGRM () Delete
Name: ROSS, ROBERT R III
Address: 4803 PORTOBELLO CIRCLE
City-St-Zip: VALRICO, FL 33694 US

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: MGR () Change (X) Addition
Name: ROSS, ROBERT R JR
Address: 450 ANCHORAGE DR
City-St-Zip: NOKOMIS, FL 34275 US

Title: MGR () Change (X) Addition
Name: DIGIACOMO, THOMAS
Address: 4514 MELROSE AVE
City-St-Zip: TAMPA, FL 33629

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: ROBERT R ROSS III

MGRM

07/13/2005

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