

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000076172

FILED
Apr 23, 2008
Secretary of State

Entity Name: BITB, LLC

Current Principal Place of Business:

6703 ISLANDER LN
TAMPA, FL 33615

New Principal Place of Business:

Current Mailing Address:

6703 ISLANDER LN
TAMPA, FL 33615

New Mailing Address:

FEI Number: 20-1816260

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHAPLOW, BLANE M
6703 ISLANDER LN
TAMPA, FL 33615 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: CHAPLOW, BLANE M
Address: 6703 ISLANDER LN
City-St-Zip: TAMPA, FL 33615

Title: MGRM () Delete
Name: HILLIARD, SAMUAL C
Address: 1521 BRIERCLIFF DR.
City-St-Zip: ORLANDO, FL 32806

Title: MGRM () Delete
Name: WEST, JOHN N JR.
Address: 5021 SIMMONS RD.
City-St-Zip: ORLANDO, FL 32812

Title: MGRM () Delete
Name: BLEWITT, SEAN D
Address: 932 OLD HICKORY ROAD
City-St-Zip: JACKSONVILLE, FL 32207

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:

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: BLANE CHAPLOW

MGRM

04/23/2008

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