

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90167 049 ****50.00

20005002



DOCUMENT # L04000083951 1. Entity Name RESTAURANT BT, LLC					
Principal Place of Business 1633 WEST SWANN AVENUE TAMPA, FL 33629 US			Mailing Address 1633 WEST SWANN AVENUE TAMPA, FL 33629 US		
2. Principal Place of Business 1633 WEST SNOW AV. Suite, Apt. #, etc.		3. Mailing Address 1633 WEST SNOW AVE Suite, Apt. #, etc.			
City & State TAMPA, FL		City & State TAMPA, FL		4. FEI Number 20-1935116	
Zip 33606		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ALBA, RUSSELL T ESQUIRE 100 NORTH TAMPA STREET SUITE 3575 TAMPA, FL 33602				7. Name and Address of New Registered Agent Name ALBA, RUSSELL T ESQUIRE Street Address (P.O. Box Number is Not Acceptable) 101 SOUTH FRANKLIN STREET #200 City TAMPA FL Zip Code 33602	
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 <u><i>Russell T. Alba</i></u> (NOTE: Registered Agent signature required when reinstating) 1/26/2006 <small>Signature, typed or printed name of registered agent and title if applicable. DATE</small>					
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BATLEY, B T 1633 WEST SWANN AVENUE TAMPA, FL 33629	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	HGRN BATLEY, B T 1633 WEST SNOW AVENUE TAMPA, FL 33629	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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: <u><i>[Signature]</i></u> Jan. 13, 2006 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>		