2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2008
Secretary of State

DOCUMENT# L04000094245

Entity Name: BBT, LLC

Current Principal Place of Business:

311 NUTMEG STREET
PORT ST. JOE, FL 32456 US

New Principal Place of Business:

Current Mailing Address:

311 NUTMEG STREET
PORT ST. JOE, FL 32456 US

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MAGIDSON, MEL C JR.
528 6TH STREET
PORT ST. JOE, FL 32456 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: ADAMS, BETTY R
Address: 311 NUTMEG STREET
City-St-Zip: PORT ST. JOE, FL 32456 US

Title: MGRM ( ) Delete
Name: ADAMS, THOMAS E
Address: 311 NUTMEG STREET
City-St-Zip: PORT ST. JOE, FL 32456 US

Title: MGRM ( ) Delete
Name: SHIPMAN, ROBERT R
Address: 77 EAST ANDREWS DRIVE, NW, # 327
City-St-Zip: ATLANTA, GA 330304 US

ADDITIONS/CHANGES:

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

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

Title: MGRM (X) Change ( ) Addition
Name: SHIPMAN, ROBERT R DIED 06
Address: 77 EAST ANDREWS DRIVE, NW, # 327
City-St-Zip: ATLANTA, GA 330304 US

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: BETTY R ADAMS MM 04/21/2008

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