

# 2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L05000032743

Entity Name: BTS INVESTMENTS, LLC

FILED  
Apr 18, 2007  
Secretary of State

**Current Principal Place of Business:**

175 SABAL PALM DRIVE  
LONGWOOD, FL 32779

**New Principal Place of Business:**

**Current Mailing Address:**

175 SABAL PALM DRIVE  
LONGWOOD, FL 32779

**New Mailing Address:**

FEI Number: 20-2613268

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

BONYADI, BYRON B  
175 SABAL PALM DRIVE  
LONGWOOD, FL 32779 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: MGM ( ) Delete  
Name: BONYADI, BYRON B  
Address: 175 SABAL PALM DRIVE  
City-St-Zip: LONGWOOD, FL 32779

Title: MGRM ( ) Delete  
Name: TEYMOURI, JAVAD  
Address: 10910 REGAL FOREST DRIVE  
City-St-Zip: SUWANEE, GA 30024

Title: MGRM ( ) Delete  
Name: SABRKHANI, MAHMOUD  
Address: 500 E. SEMORAN BLVD., UNIT 2H  
City-St-Zip: CASSELBERRY, FL 32707

**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:

I hereby certify that the information supplied with this filing does not qualify for the 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: BYRON B BONYADI

MR

04/18/2007

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