2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

DOCUMENT # L05000038987

1. Entity Name

B.S.T. HOLDINGS, LLC



FILED Mar 31, 2008 8:00 am Secretary of State 03-31-2008 90264 017 ***138.75

Caytone Pokase #

			No.	Į.	
Principal Place #270 N. LEE SARASOTA	e of Business WYNN DR 12/Oakwood L FL 34240 Schasste, FL	Mailing Address 7270 N. LEEWYNN DR. SARASOTA FL 34240 3 4 2 3 7	121 Oakwood Ecrasota, Fi	3420 in 11 11 11 11 11 11	
	lace of Business - No P.O. Box #	3. Mailing Address		I INNITESIA OTA ORIGIN ALTINI DESIN NORMA ERSTR) filol lasts latel failt (Bett) fif fett
Suite, Apt. #. etc.		Suite, Apt. #, etc.		1st MOORE CR2E	083 (10/07)
City & State		City & State		4. FEI Number 14-1928703	Applied For Not Applicable
Zip	Country	Zip Country		5. Certificate of Status Desired	\$5.00 Additional Fee Required
6. Name and Address of Curren		Registered Agent		7. Name and Address of New Registe	red Agent
WEBER, ARTHUR J III 7270 N. LEEWYNN DR SARASOTA FL 34240			Name Street Address	Street Address (P.O. Box Number is Not Acceptable) ACCEPTABLE AC	
# - 20			citySara		FL Zip.Cod 237
	e named entity submits this statement for its st	and the Bappisons INOTE	Cles Registered Ayert signature require THE PROPERTY OF THE	DAME TANDS ON A	am familiar with, and accept
9.	MANAGING MEMB	Make Check Payabl	W!!! FEE IS \$138.75 2008. Fee Will Be \$53 ie to Florida Departme	18.75	iges
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WEBER, ARTHUR J III 7270 N. LEEWYNN DR SARASOTA FL 34240	☐ Delete	TITLE	1 Oakwood Boule	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WEBER, SANDRA G 3303 WINDHAM CIR (24) ALEXANDRIA VA 22302	□ Delete	Title	Correction 303 WYNDHAM CIRCL Glefandria, VA 22	→ Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-SI-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delate	TITLE NAME STREET ADDRESS CITY-ST-ZIP	- 117/20	☐ Change ☐ Addition
TITLE HAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY- ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
indicated	certify that the information supplied wild on this report is true and accurate all ability company or the receiver of trus	nd that my signature shall hav	e the same legal effect as	ned in Section 119, Florida Statutes. I furths s if made under oath: that I am a managing apter 608, Florida Statutes.	er certify that the information g member or manager of the

NG MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE