2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 07, 2007
Secretary of State

DOCUMENT# L05000041137

Entity Name: B&T CAPITAL, LLC

Current Principal Place of Business:

7426 S.R. 21
KEYSTONE HEIGHTS, FL 32656 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1703
KEYSTONE HEIGHTS, FL 32656 US

New Mailing Address:

FEI Number: 56-2533777 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

NEWELL, PAUL D
260A LAWRENCE BLVD.
SUITE 201
KEYSTONE HEIGHTS, FL 32656 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: WILLIS, JAMES B
Address: 7996 VIKING STREET
City-St-Zip: MELROSE, FL 32666 US

Title: MGRM ( ) Delete
Name: SHREWSBURY, LYNDALL
Address: 58015 CRATER LAKE CIR
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: WILLIS, JAMES B
Address: P.O. BOX 1703
City-St-Zip: KEYSTONE HEIGHTS, FL 32656 US

Title: MGRM (X) Change ( ) Addition
Name: SHREWSBURY, LYNDALL T
Address: 5801 S CRATER LAKE CIR
City-St-Zip: KEYSTONE HEIGHTS, FL 32656 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: JAMES B. WILLIS MGRM 05/07/2007

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