

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000063723

Entity Name: BTW PROVIDERS, LLC

FILED  
Jun 20, 2008  
Secretary of State

## Current Principal Place of Business:

8080 NW 155 STREET  
MIAMI LAKES, FL 33016 US

## New Principal Place of Business:

2300 W 84 ST.  
STE. 201  
HIALEAH, FL 33016 US

## Current Mailing Address:

8080 NW 155 STREET  
MIAMI LAKES, FL 33016 US

## New Mailing Address:

2300 W 84 ST.  
STE. 201  
HIALEAH, FL 33016 US

FEI Number: 20-3061506      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:

GONZALEZ, LUIS E  
8080 NW 155 STREET  
MIAMI LAKES, FL 33016 US

## Name and Address of New Registered Agent:

GONZALEZ, LUIS E  
2300 W. 84 ST.  
STE. 201  
HIALEAH, FL 33016 US

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:

06/20/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: GONZALEZ, LUIS E  
Address: 8080 NW 155 STREET  
City-St-Zip: MIAMI LAKES, FL 33016 US

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: GONZALEZ, LUIS E  
Address: 2300 W. 84 ST. STE. 201  
City-St-Zip: HIALEAH, FL 33016 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: LUIS E. GONZALEZ

MGR

06/20/2008

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