

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000064887

FILED  
Jan 16, 2009  
Secretary of State

Entity Name: BTH PROPERTY CONSULTANTS, LLC

**Current Principal Place of Business:**

302 KNIGHTS RUN AVENUE  
SUITE 100  
TAMPA, FL 336025

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 897  
TAMPA, FL 336010897

**New Mailing Address:**

FEI Number: 20-3157622

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

C T CORPORATION SYSTEM  
1203 GOVERNORS SQUARE BLVD., STE. 101  
TALLAHASSEE, FL 32301 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: MGR ( ) Delete  
Name: WILSON, TRUMAN D  
Address: 1322 PLUMOSA DRIVE  
City-St-Zip: FORT MYERS, FL 33901

Title: MGRM ( ) Delete  
Name: HARDIMAN, DENNIS F  
Address: P.O. BOX 897  
City-St-Zip: TAMPA, FL 336010897

Title: MGRM ( ) Delete  
Name: BOND, KENNETH R  
Address: 10660 DEAL ROAD  
City-St-Zip: NORTH FT. MYERS, FL 33917

**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 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: DENNIS HARDIMAN

MGRM

01/16/2009

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