2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2008
Secretary of State

DOCUMENT# L05000076874

Entity Name: BTSG PROPERTIES, LLC

Current Principal Place of Business:

4155 CAPE HAZE DRIVE
PLACIDA, FL 33946

New Principal Place of Business:

Current Mailing Address:

20 HORSESHOE LANE
BRIDGEWATER, MA 02324

New Mailing Address:

FEI Number: 20-3283051 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STURGES, ERNEST W JR.
18501 MURDOCK CIRCLE
SUITE 501
PORT CHARLOTTE, FL 33948 US

Name and Address of New Registered Agent:

STURGES, ERNEST W JR.
701 JC CENTER COURT, SUITE 3
SUITE 501
PORT CHARLOTTE, FL 33954 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: _____ 04/29/2008
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: CURLEY, DAVID
Address: 20 HORSESHOE LANE
City-St-Zip: BRIDGEWATER, MA 02324

Title: MGRM ( ) Delete
Name: CURLEY, JANET
Address: 20 HROSESHOE LANE
City-St-Zip: BRIDGEWATER, MA 02324

Title: MGRM ( ) Delete
Name: CURLEY, JOHN
Address: 4155 CAPE HAZE DRIVE
City-St-Zip: PLACIDA, FL 33946

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: JANET CURLEY MGRM 04/29/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date