

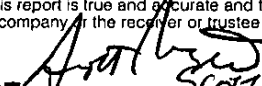


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 11, 2006 8:00 am**  
**Secretary of State**

04-11-2006 90013 012 \*\*\*\*50.00

<b>DOCUMENT # L05000099966</b> 1. Entity Name B.T.S.I., LLC/			
Principal Place of Business <del>4700 W PROSPECT RD SUITE 112</del> <del>FT LAUDERDALE, FL 33309</del>		Mailing Address <del>4700 W PROSPECT RD SUITE 112</del> <del>FT LAUDERDALE, FL 33309</del>	
2. Principal Place of Business 120 E OAKLAND PK BLVD Suite, Apt. #, etc. 105-609		3. Mailing Address 120 E OAKLAND PK BLVD Suite, Apt. #, etc. 105-609	
City & State FT. LAUDERDALE, FL Zip 33334		City & State FT. LAUDERDALE, FL Zip 33334	
Country 		Country 	
4. FEI Number 37-1517242		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent INGERTO, SCOTT 7 SARANAC RD SEA RANCH LAKES, FL 33308		7. Name and Address of New Registered Agent Name SCOTT INGERTO Street Address (P.O. Box Number is Not Acceptable) 120 E. OAKLAND PARK BLVD Suite 105-609 City FT. LAUDERDALE FL Zip Code 33334	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE  SCOTT INGERTO DATE 1/20/06 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM INGERTO, SCOTT 7 SARANAC RD SEA RANCH LAKES, FL 33308	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM TRUONG, BUPPHA 799 E RIDGEWOOD ST ORLANDO, FL 32803	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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  SCOTT INGERTO, MGRM DATE 1/20/06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			