2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED May 19, 2006 8:00 am Secretary of State 05-19-2006 90168 026 ****50.00

DOCUMENT # L05000117580 1. Entity Name BTE, LLC							05-19-2006 9	90168 02	26 ****50	0.00
Principal Place of Business 4530 CAMINO REAL SARASOTA, FL 34231		Mailing Address 4530 CAMINO REAL SARASOTA, FL 34231								
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.				05172006	Chg-LLC	CR2E	083 (11/05)	
City & State		City & State				4. FEI Number 20-393			<u> </u>	oplied For ot Applicable
Zip	Country	Zip		Country		5. Certificate	of Status Desired		\$5.00 Add Fee Require	
6. Name and Address of Current Registered Agent			<u></u>		7. Name and Address of New Registered Agent				Agent	
TUDNED IAMES	I			Namo						
TURNER, JAMES L 200 SOUTH ORANGE AVENUE SARASOTA, FL 34236		Street Addres			ddress (P	(P.O. Box Number is Not Acceptable)				
				City				FL.	Zip Cod	de
The above named en the obligations of reg	tity submits this statement for istered agent.	the purpose of changing its	register	ed office or	registere	d agent, or bot	h, in the State of Fl	lorida. I am	familiar with,	and accept
SIGNATURE Signature, typ	ed or printed name of registered agent a	nd title if applicable (NOT	E Registere	id Agent signatu	ure required v	when reinstating)		DATE		
Filing Fee is \$50.00 Due by September 6, 2006						Make check payable to Florida Department of State				
Filing Fee Due by Septs	is \$50.00 ember 6, 2006									e
Filing Fee Due by Septe	is \$50.00 ember 6, 2006	RS/MANAGERS	10.					a Departm	ent of Stat	e
Due by Septe	ember 6, 2006	RS/MANAGERS	10.	E	MGR		Florid	a Departm	ent of Stat	x Addition
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11. Thereby certify that the information supplied with this filling does not quality for the exemptions contained in Chapter 119, Fronta Statutes. Huther certify that the 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.

GNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Date Describe Proces