

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-03-2007 90123 046 ****50.00

DOCUMENT # L05000117670 1. Entity Name BTH, LLC					
Principal Place of Business 601 HILLVIEW DRIVE ALTAMONTE SPRINGS FL 32714			Mailing Address 601 HILLVIEW DRIVE ALTAMONTE SPRINGS FL 32714		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 20-8926084	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent OSWALD & OSWALD, P.L. ATTN: DOUGLAS W. OSWALD 600 COURTLAND STREET, SUITE 110 ORLANDO FL 32804				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ Signature, typed or printed name of registered agent and title, if applicable					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007					
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition
STREET ADDRESS	HATTAWAY, ROBERT T		STREET ADDRESS		
CITY ST ZIP	601 HILLVIEW DRIVE ALTAMONTE SPRINGS FL 32714		CITY ST ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
STREET ADDRESS			STREET ADDRESS		
CITY ST ZIP			CITY ST ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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CITY ST ZIP			CITY ST ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
STREET ADDRESS			STREET ADDRESS		
CITY ST ZIP			CITY ST ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <i>Robert Hattaway</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				3/21/07 407-875-3433 Sign the Report	