

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000002111

Entity Name: BTBD, L.L.C.

FILED
Mar 15, 2007
Secretary of State

Current Principal Place of Business:

PO BOX 2335
DADE CITY, FL 33526 US

New Principal Place of Business:

12650 TRADITION DRIVE
DADE CITY, FL 33525 US

Current Mailing Address:

PO BOX 2335
DADE CITY, FL 33526 US

New Mailing Address:

FEI Number: 20-4133123 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SOMMERS, KING C III
36047 DEER CREEK DRIVE
203
ZEPHERHILLS, FL 33541 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: MGRM () Delete
Name: SHIELDS, JOHN R SR.
Address: 12650 TRADITION DRIVE
City-St-Zip: DADE CITY, FL 33525 US

Title: MGRM () Delete
Name: SOMMERS, KING C III
Address: 36047 DEER CREEK DRIVE # 203
City-St-Zip: ZEPHYRHILLS, FL 33541 US

Title: MGRM () Delete
Name: SHIELDS, PAM
Address: 12650 TRADITION DRIVE
City-St-Zip: DADE CITY, FL 33525 US

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 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: KING C SOMMERS III

MGRM

03/15/2007

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