

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 10, 2008 8:00 am
Secretary of State

01-10-2008 90022 018 ***138.75

DOCUMENT # L06000031301

1. Entity Name
BTV TOWER PARTNERS, LLC



Principal Place of Business
**107 DUNBAR AVENUE
SUITE 100
OLDSMAR, FL 34677 US**

Mailing Address
**P.O. BOX 249
OLDSMAR, FL 34677 US**

60000831



01032008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
03-0773403

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

**PEACOCK & GAFFNEY, P.A. C/O DAMIANAKIS
2348 SUNSET POINT ROAD
CLEARWATER, FL 33765**

**DO NOT WRITE
IN THIS SPACE**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCINTYRE, BRUCE P.O. BOX 249 OLDSMAR, FL 34677
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM THORNTON, W. THOMAS 11471 TWIN LAKE LANE SAN ANGELO, TX 76904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DUVALL, V.G. 9006 GRAND LAKE ESTATES DRIVE MONTGOMERY, TX 77316
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 606, Florida Statutes.

SIGNATURE: R. McIntyre Managing Member 1-3-08 727-439-3683
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

BRUCE R. MCINTYRE