

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000031301

Entity Name: BTV TOWER PARTNERS, LLC

FILED
Apr 21, 2009
Secretary of State

Current Principal Place of Business:

107 DUNBAR AVENUE
SUITE K
OLDSMAR, FL 34677 US

New Principal Place of Business:

107 DUNBAR AVENUE
SUITE E
OLDSMAR, FL 34677 US

Current Mailing Address:

P.O. BOX 249
OLDSMAR, FL 34677 US

New Mailing Address:

P.O. BOX 249
OLDSMAR, FL 346770249 US

FEI Number: 03-0773403

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PEACOCK & GAFFNEY, P.A. C/O DAMIANAKIS
2348 SUNSET POINT ROAD
CLEARWATER, FL 33765 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: MCINTYRE, BRUCE
Address: P.O. BOX 249
City-St-Zip: OLDSMAR, FL 34677 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Delete
Name: THORNTON, W. THOMAS
Address: 11471 TWIN LAKE LANE
City-St-Zip: SAN ANGELO, TX 76904 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Delete
Name: DUVALL, V.G.
Address: 9006 GRAND LAKE ESTATES DRIVE
City-St-Zip: MONTGOMERY, TX 77316 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: BRUCE R. MCINTYRE

MGRM

04/21/2009

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