


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 30, 2008 8:00 am**  
**Secretary of State**

04-30-2008 90024 023 \*\*\*138.75

<b>DOCUMENT # L06000081580</b>	
1. Entity Name BILTRITE OPPORTUNITIES, LLC	

Principal Place of Business 6811 PHILLIPS INDUSTRIAL BLVD JACKSONVILLE, FL 32256	Mailing Address 6811 PHILLIPS INDUSTRIAL BLVD JACKSONVILLE, FL 32256
--	--

2. Principal Place of Business - No P.O. Box # 10245 Centurion Parkway N. Suite, Apt. #, etc. Suite 305 City & State Jacksonville, FL Zip 32256 Country	3. Mailing Address 10245 Centurion Parkway N. Suite, Apt. #, etc. Suite 305 City & State Jacksonville, FL Zip 32256 Country
---	---



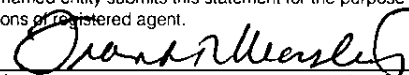
04282008 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-5392606	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
---	--------------------------------

6. Name and Address of Current Registered Agent  KELLISON, LEE G PA 6817 SOUTHPOINT PARKWAY SUITE 603 JACKSONVILLE, FL 32216	
---	--

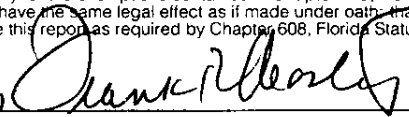
7. Name and Address of New Registered Agent Name Frank R. Keaster, Jr. Keaster Law Group Street Address (P.O. Box Number is Not Acceptable) 10245 Centurion Parkway North Suite 305 City Jacksonville FL Zip Code 32256	
---	--

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  DATE 4/28/08	
--	--

<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>	<b>Make check payable to</b> <b>Florida Department of State</b>
---	--

9. MANAGING MEMBERS / MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SAFAR ENTERPRISES, LLLP 6811 PHILLIPS INDUSTRIAL BLVD JACKSONVILLE, FL 32256 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NORTH FLORIDA INVESTMENTS, LTD 6811 PHILLIPS INDUSTRIAL BLVD JACKSONVILLE, FL 32256 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGM KIRKLAND, LAWRENCE 6811 PHILLIPS INDUSTRIAL BLVD JACKSONVILLE, FL 32256 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Ecovisions, LLC 10245 Centurion Parkway N. Suite 305 Jacksonville, FL 32256 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 608, Florida Statutes.	
SIGNATURE: Frank R. Keaster, Jr., Manager 	DATE 4/28/08 DAYTIME PHONE 904 339 0255