

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000003099

FILED
Apr 26, 2009
Secretary of State

Entity Name: BT PROPERTY SERVICE, LLC

Current Principal Place of Business:

1401 RILA STREET SE
PALM BAY, FL 32909 US

New Principal Place of Business:

1213 HALBER AVE NW
PALM BAY, FL 32907 US

Current Mailing Address:

10 N HENRY ST
VALLEY STREAM, NY 11580

New Mailing Address:

FEI Number: 20-8187321 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOSES, ALISON J
1311 BEDFORD DRIVE
MELBOURNE, FL 32940 US

Name and Address of New Registered Agent:

MCINTEE, THOMAS
1010 ATLANTIC ST
SUITE A
MELBOURNE BEACH, FL 32951 US

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: THOMAS MCINTEE

04/26/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: THOMAS, REMUS
Address: 1401 RILA STREET SE
City-St-Zip: PALM BAY, FL 32909 US

Title: MGR () Delete
Name: BERNARD, EUGENT
Address: 10 N HENRY ST
City-St-Zip: VALLEY STREAM, NY 11580 US

Title: MGRM () Delete
Name: THOMAS, PAMELA
Address: 1401 RILA STREET SE
City-St-Zip: PALM BAY, FL 32909 US

Title: MGRM () Delete
Name: THOMAS, LELAND
Address: 7600 WOODLAND POINT CT.
City-St-Zip: FT. MYERS, FL 33912

Title: MGRM () Delete
Name: BERNARD, ROBERT
Address: 10 NTH HENRY ST
City-St-Zip: VALLEY STREAM, NY 11580 US

Title: MGRM () Delete
Name: BERNARD, MELROSE
Address: 10 NTH HENRY ST
City-St-Zip: VALLEY STREAM, NY 11580 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: THOMAS, REMUS
Address: 1401 RILA STREET SE
City-St-Zip: PALM BAY, FL 32909 US

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

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

Title: MGRM (X) Change () Addition
Name: THOMAS-CLARKE, INA
Address: 1213 HALBER AVE NW
City-St-Zip: PALM BAY, FL 32907 US

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 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: EUGENT BERNARD

MGM

04/26/2009

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