

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000100215

Entity Name: BTMFDRS LLC

FILED  
Mar 05, 2008  
Secretary of State

## Current Principal Place of Business:

1937 NE 20TH ST.  
CAPE CORAL, FL 33909

## New Principal Place of Business:

38946 4TH AV  
NORTH BRANCH, MN 55056

## Current Mailing Address:

1937 NE 20TH ST.  
CAPE CORAL, FL 33909

## New Mailing Address:

P.O BOX 11  
NORTH BRANCH, MN 55056

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ELKINS, STEVEN B II  
1937 NE 20TH ST.  
CAPE CORAL, FL 33909 US

## Name and Address of New Registered Agent:

ELKINS, AMY J  
1937 NE 20TH ST.  
CAPE CORAL, FL 33909 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: AMY J ELKINS

03/05/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: ELKINS, STEVEN B II  
Address: 1937 NE 20TH ST.  
City-St-Zip: CAPE CORAL, FL 33909

Title: MGRM (X) Delete  
Name: ELKINS, STEVEN B  
Address: 38946 4TH AVE. PO BOX 11  
City-St-Zip: NORTH BRANCH, MN 55056

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: ELKINS, STEVEN B  
Address: 38946 4TH AV P.O. BOX 11  
City-St-Zip: NORTH BRANCH, MN 55056

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: STEVEN B ELKINS

MGRM

03/05/2008

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