


FILE NOW: Fee after May 1, will be \$588.75

APPROVED
AND
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1997 MAR -3 PM 3:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILING FEE \$ 203.75	Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE
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1. Name and Mailing Address of Limited Liability Company	DOCUMENT # L96000000563
B & T REAL ESTATE, L.C. 19111 VISTA BAY DRIVE, SUITE 401 INDIAN SHORES FL 34635	
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.	

1a. Principal Place of Business Address
19111 VISTA BAY DRIVE, SUITE INDIAN SHORES FL 34635

2. Principal Place of Business	2a. Mailing Address
19111 VISTA BAY DR Suite, Apt. #, etc. 401 City & State INDIAN SHORES, FL Zip 33785 Country USA	19111 VISTA BAY DR Suite, Apt. #, etc. # 401 City & State INDIAN SHORES, FL Zip 33785 Country USA

3. Date Organized or Qualified	3a. State of Formation
05/20/1996	FL
4. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
59-3379601	
5. Date of Last Report	6. Certificate of Status Desired
	\$8.75 Additional Fee Required <input type="checkbox"/>

7. Name and Address of Current Registered Agent
AMERILAWYER CHARTERE, D 343 ALMERIA AVENUE CORAL GABLES FL 33134

8. Name and Address of New Registered Agent
Name BARBARA C. MAY Street Address (P.O. Box Number is Not Acceptable) 19111 VISTA BAY DRIVE Suite, Apt. #, etc. # 401 City INDIAN SHORES, FL Zip Code 33785

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE Barbara C May DATE 3-1-97
(Registered Agent Accepting Appointment) (NOT Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	MAY, BARBARA	19111 VISTA BAY DRIVE, SUI	INDIAN SHORES FL
MGRM	MAY, TIMOTHY	19111 VISTA BAY DRIVE, SUI	INDIAN SHORES FL
		300002104073--5 -03/04/97--01109--004 ****203.75 ****203.75	

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: Barbara C May BARBARA C. MAY 3-1-97 813.525.4202
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #