

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L97000001236

FILED
Jan 05, 2006
Secretary of State

Entity Name: B S & T INTERNATIONAL DEVELOPMENT L.C.

Current Principal Place of Business:

2000 NW 97TH AVE
BUILDING 5
MIAMI, FL 33172 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 228150
MIAMI, FL 331228150 US

New Mailing Address:

2000 NW 97TH AVE
MIAMI, FL 33172 US

FEI Number: 65-0804999

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BANFIELD, RANDALL
2000 NW 97TH AVE
BUILDING 5
MIAMI, FL 33172 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: MGR () Delete
Name: FIELDS, ALLAN C
Address: THE AUTODOME, WARRENS
City-St-Zip: ST MICHAEL, BARBADOS,

Title: MGR () Delete
Name: BANFIELD, RANDALL
Address: 2000 NW 97TH AVE, BUILDING 5
City-St-Zip: MIAMI, FL 33172 US

Title: MGR () Delete
Name: FIELDS, RYAN MR
Address: 2000 NW 97TH AVE, BUILDING 5
City-St-Zip: MIAMI, FL 33172 US

ADDITIONS/CHANGES:

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

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 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: RYAN FIELDS

MGR

01/05/2006

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