

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000007010

Entity Name: N/T FLORIDA SANFORD, LLC

FILED  
May 05, 2009  
Secretary of State

## Current Principal Place of Business:

901 PIER VIEW DRIVE  
SUITE 201  
IDAHO FALLS, ID 83402

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 51298  
IDAHO FALLS, ID 83405

## New Mailing Address:

FEI Number: 20-4010897      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

CLARK, AL M  
933 LEE ROAD, SUITE 400  
ORLANDO, FL 32810 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: LIDDIARD, CORTNEY R  
Address: PO BOX 51298  
City-St-Zip: IDAHO FALLS, ID 83405

Title: MGR (X) Delete  
Name: COREY, WENDELL W  
Address: 825 SOUTH TAFT AVENUE  
City-St-Zip: MASON CITY, IA 50401

Title: MGR (X) Delete  
Name: DECOURSEY, DAVID A  
Address: 428 S. 75 W.  
City-St-Zip: FARMINGTON, UT 84025

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: BV MGMT SERVICES, INC.  
Address: PO BOX 51298  
City-St-Zip: IDAHO FALLS, ID 83405

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: THEL W. CASPER, SECRETARY OF THE MANAGER      MGR      05/05/2009

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