

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # M0500007147

1. Entity Name
BTS INVESTMENTS, LLC



Principal Place of Business

400 PLANTATION RD.
DOTHAN, AL 36303

Mailing Address

400 PLANTATION RD.
DOTHAN, AL 36303

FILED
Apr 20, 2006 08:00 AM
Secretary of State



DO NOT WRITE IN THIS SPACE

04092006 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-1938367	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GAYLE, DAVID D
7424 THOMAS DR.
PANAMA CITY BCH, FL 32408

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GAYLE, DAVID D 400 PLANTATION RD. DOTHAN, AL 36303
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BODIFORD, SCOTT 142 FULLER RD. DOTHAN, AL 36301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MOORE, ROBERT 112 BLUEBIRD DR. DOTHAN, AL 36303
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/02/06-80063-006 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #