


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

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

<b>DOCUMENT # M05000007147</b> 1. Entity Name BTS INVESTMENTS, LLC	
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Principal Place of Business 400 PLANTATION RD. DOTHAN, AL 36303	Mailing Address 400 PLANTATION RD. DOTHAN, AL 36303
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04092006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-1938367	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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**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	MGR
NAME	GAYLE, DAVID D
STREET ADDRESS	400 PLANTATION RD.
CITY-ST-ZIP	DOTHAN, AL 36303

TITLE	MGR
NAME	BODIFORD, SCOTT
STREET ADDRESS	142 FULLER RD.
CITY-ST-ZIP	DOTHAN, AL 36301

TITLE	MGR
NAME	MOORE, ROBERT
STREET ADDRESS	112 BLUEBIRD DR.
CITY-ST-ZIP	DOTHAN, AL 36303

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000519650  
05/02/06-80063-006 50.00

**DO NOT WRITE  
IN THIS SPACE**

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 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 #