

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

2007 APR 10 PM 2: 05

SECRETARY OF STATE  
TALLAHASSEE FLORIDA



04042007 Chg-LLC CR2E083 (12/06)

4. FEI Number 204313499 Applied For ☐ Not Applicable ☒

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

DOCUMENT # M06000000580

1. Entity Name  
BTS MONTERREY HOLDINGS LLC



Principal Place of Business  
17080 SAFETY STREET, SUITE 109  
FT. MYERS, FL 33908

Mailing Address  
17080 SAFETY STREET, SUITE 109  
FT. MYERS, FL 33908

2. Principal Place of Business - No P.O. Box #

41 Madison Avenue

Suite, Apt. #, etc.

29th Floor

City & State

New York, New York

Zip

10010

Country

U.S.A.

3. Mailing Address

41 Madison Avenue

Suite, Apt. #, etc.

29th Floor

City & State

New York, New York

Zip

10010

Country

U.S.A.

6. Name and Address of Current Registered Agent

NAUMANN, JOHN  
17080 SAFETY STREET, SUITE 109  
FT. MYERS, FL 33908

7. Name and Address of New Registered Agent

Name

Corporation Service Company

Street Address

1201 Hays Street

City

Tallahassee

FL

Zip Code

32301

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.

**Jeanine Reynolds**

**as its agent**

SIGNATURE

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

(NOTE: Registered agent signature is required when reinstating)

DATE

4-9-07

**Filing Fee is \$50.00  
Due by May 1, 2007**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input checked="" type="checkbox"/> Delete
NAME	BTS MONTERREY LLC	
STREET ADDRESS	17080 SAFETY STREET, SUITE 109	
CITY-ST-ZIP	FT. MYERS, FL 33908	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE	MGRM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BTS MONTERREY HOLDINGS LLC	
STREET ADDRESS	41 MADISON AVENUE - 29TH FLOOR	
CITY-ST-ZIP	NEW YORK, NEW YORK 10010	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

*[Handwritten Signature]*

4/6/07