

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000085271

Entity Name: NEWCO BATRE, LLC

FILED  
May 30, 2008  
Secretary of State

**Current Principal Place of Business:**

1401 BRICKELL AVE., SUITE 500  
MIAMI, FL 33131

**New Principal Place of Business:**

**Current Mailing Address:**

1401 BRICKELL AVE., SUITE 500  
MIAMI, FL 33131

**New Mailing Address:**

FEI Number: 16-1742638      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:**

**Name and Address of New Registered Agent:**

VAZQUEZ, GERARDO A ESQ.  
1401 BRICKELL AVE., SUITE 500  
MIAMI, FL 33131      US

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: MGRM      ( ) Delete  
Name: LAMADRID, ALBERTO  
Address: 5510 RIVIERA DRIVE  
City-St-Zip: CORAL GABLES, FL 33146

Title: MGRM      ( ) Delete  
Name: CAMPBELL, ROBERT  
Address: 3400 PAN AMERICAN DRIVE  
City-St-Zip: MIAMI, FL 33133

**ADDITIONS/CHANGES:**

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: ALBERTO LAMADRID

MGRM

05/30/2008

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