


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 05, 2004 8:00 am**  
**Secretary of State**

03-05-2004 90227 006 \*\*\*\*50.00

|   |   |
|---|---|
| <b>DOCUMENT #</b> L01000022150              |  |
| <b>1. Entity Name</b><br>DI BATISTA, L.L.C. |   |

|   |   |
|---|---|
| <b>Principal Place of Business</b><br>2500 S. PARK ROAD BAY 2A-3<br>PEMBROKE PARK, FL 33009 | <b>Mailing Address</b><br>2500 S. PARK ROAD BAY 2A-3<br>PEMBROKE PARK, FL 33009 |
|---|---|

|   |  |
|---|--|
| <b>2. Principal Place of Business</b><br>825 N.W. 170 TERR. | <b>3. Mailing Address</b><br>15841 PINES BLVD. |
| Suite, Apt. #, etc.   | Suite, Apt. #, etc.                            |

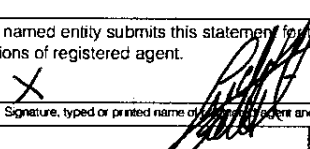
|  |   |
|--|---|
| <b>City &amp; State</b><br>PEMBROKE PINES, FLORIDA | <b>City &amp; State</b><br>Pembroke Pines Florida |
| <b>Zip</b><br>33028                                | <b>Zip</b><br>33024                               |
| <b>Country</b><br>U.S.A.                           | <b>Country</b><br>U.S.A.                          |



01252004 Chg-LLC CR2E083 (10/03)

|   |   |
|---|---|
| <b>4. FEI Number</b><br>52-2364549  | <input type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>                                      |   |
| <b>6. Name and Address of Current Registered Agent</b><br>BATTISTA, LUCIANO DI<br>2500 S. PARK ROAD BAY 2A-3<br>PEMBROKE PARK, FL 33009     |   |
| <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code |   |

**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.**

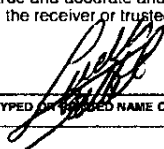
**SIGNATURE**  **LUCIANO D. BATTISTA MGRM** **01/25/04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

|   |  |
|---|--|
| <b>Filing Fee is \$50.00</b><br><b>Due by May 1, 2004</b> | <b>Make check payable to</b><br><b>Florida Department of State</b> |
|---|--|

| 9. MANAGING MEMBERS/MANAGERS                          |  | 10. ADDITIONS/CHANGES                                 |   |
|---|--|---|---|
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>DI BATISTA, LUCIANO<br>2500 S. PARK ROAD BAY 2A-3<br>PEMBROKE PARK, FL 33009 <input type="checkbox"/> Delete | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | 825 N.W. 170 TERR.<br>PEMBROKE PINES, FL 33028 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |

**11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:**  **LUCIANO D. BATTISTA (MGRM)** **01/25/04** **754**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

423-9797