

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jun 14, 2006 8:00 am
Secretary of State

05-10-2006 90017 034 ****50.00

DOCUMENT # L02000009216	
1. Entity Name BAT VENTURES, LLC	

Principal Place of Business 1200 RIVERPLACE BLVD., #902 JACKSONVILLE FL 32207	Mailing Address 1200 RIVERPLACE BLVD., #902 JACKSONVILLE FL 32207
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E083 (10/05)

4. FEI Number NO-T APPLICABLE	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent FITCH, PAMELA C 1200 RIVERPLACE BLVD., #902- JACKSONVILLE FL 32207		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL 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 _____
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State.
Due By May 1, 2006

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR - MEMBER CAHOON, ARTHUR L 1200 RIVERPLACE BLVD., #902 JACKSONVILLE FL 32207	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR - MEMBER FRANKLIN, BEN T. 1200 RIVER PLACE BLVD #902 JACKSONVILLE, FL 32207
TITLE NAME STREET ADDRESS CITY - ST - ZIP	FRANKLIN, BEN T.	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE 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 Section 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: **6/28/06** 9:31/393-9227
Daytime Phone: _____