

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2003 8:00 am
Secretary of State

1/2

01-21-2003 90316 029 ****50.00

DOCUMENT # L02000020771

1. Entity Name
BATTREALL HOLDINGS, L.L.C.



Principal Place of Business
**199 KAHIKI DRIVE
TAVERNIER FL 33070**

Mailing Address
**199 KAHIKI DRIVE
TAVERNIER FL 33070**

55006440



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

52-2372591

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BOHATCH, JOHN S ESQ
2600 DOUGLAS ROAD, PH-8
CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name **Cathy Battreall**

Street Address (P.O. Box Number is Not Acceptable)

199 Kahiki Dr

City **Tavernier**

FL

Zip Code

33070

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

Cathy Battreall

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2.10.03

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS / MANAGERS

TITLE **MGRM** ☐ Delete
NAME **BATTREALL, CATHY C**
STREET ADDRESS **199 KAHIKI DRIVE**
CITY-ST-ZIP **TAVERNIER FL 33070**

TITLE **MGRM** ☐ Delete
NAME **BATTREALL, MARC D**
STREET ADDRESS **199 KAHIKI DRIVE**
CITY-ST-ZIP **TAVERNIER FL 33070**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: **Cathy Battreall**

1.10.03

305.852.4393

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2083 (10/02)