

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jul 12, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000048509**

1. Entity Name  
**BATEWOOD, LLC**



Principal Place of Business  
**999 BRICKELL AVE.  
SUITE 402  
MIAMI, FL 33131**

Mailing Address  
**999 BRICKELL AVE.  
SUITE 402  
MIAMI, FL 33131**



07102007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**06-1728769**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**BATES, THOMAS F MGR  
1237 PLACETAS AVENUE  
CORAL GABLES, FL 33146**

**DO NOT WRITE  
IN THIS SPACE**

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 title if applicable

(NOTE: Registered Agent signature required when re-instating)

DATE

000000768498  
07/12/07-80014-004 50.00

**Filing Fee is \$50.00  
Due by September 14, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
BATES, THOMAS F  
999 BRICKELL AVE., SUITE 402  
MIAMI, FL 33131**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
BATES, SANDRA K  
999 BRICKELL AVE., SUITE 402  
MIAMI, FL 33131**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
BATES, THOMAS F  
999 BRICKELL AVE., SUITE 402  
MIAMI, FL 33131**

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STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**THOMAS F BATES**

**7/10/2007 3056629659**