

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000048509

Entity Name: BATEWOOD, LLC

FILED  
May 29, 2009  
Secretary of State

## Current Principal Place of Business:

999 BRICKELL AVE.  
SUITE 402  
MIAMI, FL 33131

## New Principal Place of Business:

## Current Mailing Address:

999 BRICKELL AVE.  
SUITE 402  
MIAMI, FL 33131

## New Mailing Address:

FEI Number: 06-1728769      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:

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

## Name and Address of New Registered Agent:

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: MGR      ( ) Delete  
Name: BATES, THOMAS F  
Address: 999 BRICKELL AVE., SUITE 402  
City-St-Zip: MIAMI, FL 33131

Title: MGR      ( ) Delete  
Name: BATES, SANDRA K  
Address: 999 BRICKELL AVE., SUITE 402  
City-St-Zip: MIAMI, FL 33131

Title: MGR      ( ) Delete  
Name: BATES, THOMAS F  
Address: 999 BRICKELL AVE., SUITE 402  
City-St-Zip: MIAMI, FL 33131

## ADDITIONS/CHANGES:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: THOMAS F. BATES

MGR

05/29/2009

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