

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000025072

Entity Name: XENDIX PROPERTIES, LLC

FILED  
Apr 18, 2008  
Secretary of State

**Current Principal Place of Business:**

1050 E 25TH STREET  
HIALEAH, FL 33013 US

**New Principal Place of Business:**

**Current Mailing Address:**

2222 QUAIL ROOST DRIVE  
WESTON, FL 33327 US

**New Mailing Address:**

FEI Number: 20-2504218

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

RUIZ, FELIPE R  
8390 W FLAGLER ST  
SUITE 209  
MIAMI, FL 33144 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: BATISTA, ALINA D  
Address: 2222 QUAIL ROOST DRIVE  
City-St-Zip: WESTON, FL 33327 US

Title: MGR ( ) Delete  
Name: BATISTA, PEDRO J  
Address: 2222 QUAIL ROOST DRIVE  
City-St-Zip: WESTON, FL 33327 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: DIAZ DE BATISTA, ALINA  
Address: 2222 QUAIL ROOST DRIVE  
City-St-Zip: WESTON, FL 33327 US

Title: MGRM (X) Change ( ) Addition  
Name: BATISTA, PEDRO J  
Address: 2222 QUAIL ROOST DRIVE  
City-St-Zip: WESTON, FL 33327 US

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: ALINA DIAZ DE BATISTA

MGRM

04/18/2008

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