

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

Feb 27, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000035250

1. Entity Name
BAT FISH, LLC



Principal Place of Business
C/O 7000 WEST PALMETTO PARK ROAD
SUITE 310
BOCA RATON, FL 33433 US

Mailing Address
C/O 7000 WEST PALMETTO PARK ROAD
SUITE 310
BOCA RATON, FL 33433 US



02122008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-5319686	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MORRIS, STUART R ESQ.
7000 WEST PALMETTO PARK ROAD
SUITE 310
BOCA RATON, FL 33433

**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 reinstating)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	EDWARDS, SAM B
STREET ADDRESS	15210 CANONGATE DRIVE
CITY-ST-ZIP	FORT MYERS, FL 33912

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000842020
03/11/08-80011-004 277.50

**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 the rules of the Department of Banking and Finance, and that the information is true and accurate and that my signature shall have the same legal effect as the signature of the member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by law.

SIGNATURE:

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

Sam B. Edwards

Date

Daytime Phone #

239-482-1774

PLEASE
SIGN HERE

PLEASE
DATE

2/28/08