

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000083159

FILED
Jan 29, 2006
Secretary of State

Entity Name: BATTRICH LIMITED LIABILITY COMPANY

Current Principal Place of Business:

1408 TUSCA TRAIL
WINTER SPRINGS, FL 32708

New Principal Place of Business:

9502 LAVILL COURT
WINDERMERE, FL 34786

Current Mailing Address:

1408 TUSCA TRAIL
WINTER SPRINGS, FL 32708

New Mailing Address:

9502 LAVILL COURT
WINDERMERE, FL 34786

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RICHARDS, V. ELAINE
1408 TUSCA TRAIL
WINTER SPRINGS, FL 32708 US

Name and Address of New Registered Agent:

BATTLA, HAMIDA
9502 LAVILL COURT
WINDERMERE, FL 34786 US

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: HAMIDA BATTLA

01/29/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: RICHARDS, V. ELAINE
Address: 1408 TUSCA TRAIL
City-St-Zip: WINTER SPRINGS, FL 32708

Title: MGRM (X) Delete
Name: BATTLA, HAMIDA
Address: 9502 LAVILL COURT
City-St-Zip: WINDERMERE, FL 34786

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: BATTLA, HAMIDA
Address: 9502 LAVILL COURT
City-St-Zip: WINDERMERE, FL 34786

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

I hereby certify that the information supplied with this filing does not qualify for the 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: HAMIDA BATTLA

MGR

01/29/2006

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