


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 14, 2007 8:00 am
Secretary of State

04-25-2007 90043 013 ****50.00

DOCUMENT # L06000034289

1. Entity Name
LABATRIP GROUP LLC



Principal Place of Business
**18206 COLLINS AVENUE
 SUNNY ISLES, FL 33160**

Mailing Address
**18206 COLLINS AVENUE
 SUNNY ISLES, FL 33160**

2. Principal Place of Business - No P.O. Box #
9577 Harding Ave.

3. Mailing Address
9577 Harding Ave.

Suite, Apt. #, etc.



02202007 Chg-LLC CR2E083 (12/06)

City & State
Surfside, FL

City & State
Surfside, FL

Zip
33154

Country
USA

4. FEI Number
20-4887815

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**GLEIZER, HERNAN
 18206 COLLINS AVENUE
 SUNNY ISLES, FL 33160**

7. Name and Address of New Registered Agent

Name **Gleizer, Hernan**

Street Address (P.O. Box Number is Not Acceptable)
9577 Harding Ave.

City **Surfside** FL Zip Code **33154**

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.

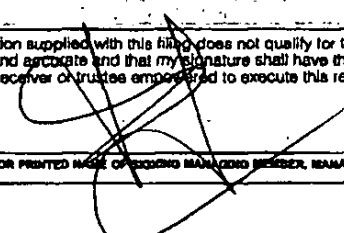
SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

**Filing Fee is \$50.00
 Due by May 1, 2007**

**Make check payable to
 Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGR	<input type="checkbox"/> Delete	TITLE MGR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ALPERN, FERNANDO		NAME Alpern, Fernando	
STREET ADDRESS 18206 COLLINS AVENUE		STREET ADDRESS 9577 Harding Ave.	
CITY-ST-ZIP SUNNY ISLES, FL 33160		CITY-ST-ZIP Surfside, FL 33154	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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:  **4-20-07 305-865-0977**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #