


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 22, 2008 8:00 am**  
**Secretary of State**

05-22-2008 90513 025 \*\*\*138.75

<b>DOCUMENT # L06000085112</b> 1. Entity Name <b>BATANGA MUSIC STORE, LLC</b>					
Principal Place of Business <b>C/O HECTOR SANTAELLA          2121 PONCE DE LEON BLVD., SUITE #820-          CORAL GABLES, FL 33134</b>			Mailing Address <b>C/O MARC H. AUERBACH, ESQ.          201 S. BISCAYNE BLVD., SUITE #2000-          MIAMI, FL 33131</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip      Country		3. Mailing Address <b>2005 S. Biscayne Blvd.          Suite # 3900          Miami, FL          33131</b>			
4. FEI Number <b>20-5472804</b>		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00</b> Additional Fee Required			
6. Name and Address of Current Registered Agent <b>AUERBACH, MARC H ESQ.          201 S. BISCAYNE BLVD., SUITE #2000-          MIAMI, FL 33131</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>200 S. Biscayne Blvd.          Suite # 3900          City      FL      Zip Code</b>		
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 <u><i>Marc Auerbach</i></u> (NOTE: Registered Agent signature required when reinstating)      DATE _____					
<b>FILE NOW!!! FEE IS \$138.75          After May 1, 2008 Fee will be \$538.75</b>		<b>Make check payable to          Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR URBINA, RAFAEL 2121 PONCE DE LEON BLVD #820 CORAL GABLES, FL 33134</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR SIERRALTA, MIGUEL 2121 PONCE DE LEON BLVD #820 CORAL GABLES, FL 33134</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR SANTALLA, HECTOR 2121 PONCE DE LEON BLVD #820 CORAL GABLES, FL 33134</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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.					
<b>SIGNATURE:</b> <u><i>Marc Auerbach</i></u> <b>4/25/08</b> <b>305-476-2974 x203</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      (Date)      Daytime Phone #</small>					