

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000004393

FILED
Jul 09, 2008
Secretary of State

Entity Name: BATTLE STRUMP NC, LLC

Current Principal Place of Business:

5809 RIVIERA DRIVE
CORAL GABLES, FL 33146

New Principal Place of Business:

Current Mailing Address:

5809 RIVIERA DRIVE
CORAL GABLES, FL 33146

New Mailing Address:

FEI Number: 20-8252091 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

WOOD, RICHARD A ESQ
1395 BRICKELL AVE. 14TH FLOOR
MIAMI, FL 33131 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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BATTLE, PATRICK
Address: 5809 RIVIERA DRIVE
City-St-Zip: CORAL GABLES, FL 33146

Title: MGRM () Delete
Name: BATTLE, MICHELE R
Address: 5809 RIVIERA DRIVE
City-St-Zip: CORAL GABLES, FL 33146

Title: MGRM () Delete
Name: STUMP, WALTER N
Address: 3390 MARY STREET SUITE 250
City-St-Zip: COCONUT GROVE, FL 33133

Title: MGRM () Delete
Name: STUMP, JOELLEN R
Address: 3390 MARY STREET SUITE 250
City-St-Zip: COCONUT GROVE, FL 33133

ADDITIONS/CHANGES:

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

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

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

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

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: PATRICK T. BATTLE

DIR

07/09/2008

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