2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

8/21/2008-90020-026-$538.75-$538.75

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FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L07000041610

1. Entity Name
DEESE BATTEN CAPITAL MANAGEMENT, LLC

Principal Place of Business	Mailing Address
1536 KINGSLEY AVENUE SUITE 128 ORANGE PARK, FL 32073	1536 KINGSLEY AVENUE SUITE 128 ORANGE PARK, FL 32073

07192008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
	1279 Kingsley Avenue
Suite, Apt #, etc.	Suite, Apt #, etc. Suite 118
City & State	City & State Orange Park, Florida
Zip / Country	Zip 32073 / Country U.S.A.

4. FEI Number Applied For ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

JESPERSON, GORDON O ESQ.
1279 KINGSLEY AVENUE
SUITE 118
ORANGE PARK, FL 32073

7. Name and Address of New Registered Agent

Name

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

City FL Zip Code

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 Gordon O. Jesperson 9/10/2008
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $538.75
Due by September 12, 2008

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ☐ Delete BATTEN, RON 1536 KINGSLEY AVENUE, SUITE 128 ORANGE PARK, FL 32073	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ☐ Delete DEESE, TIM 1536 KINGSLEY AVENUE, SUITE 128 ORANGE PARK, FL 32073	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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.

SIGNATURE: [signature] 8/18/2008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #