


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 30, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # L04000042445  
 1. Entity Name  
 BALLS PROPERTIES, LLC



Principal Place of Business 12012 CORSICA LANE NORTH PORT, FL 34287	Mailing Address 12012 CORSICA LANE NORTH PORT, FL 34287
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**DO NOT WRITE IN THIS SPACE**



03252007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 42-1633813	Applied For 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

POPOVETSKY, SEMYON  
 12012 CORSICA LANE  
 NORTH PORT, FL 34287

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR POPOVETSKY, SEMYON 12012 CORSICA LANE NORTH PORT, FL 34287
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR THAUSE, DAVID 12012 CORSICA LANE NORTH PORT, FL 34287
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ODESSKY, ISRAEL 12012 CORSICA LANE NORTH PORT, FL 34287
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 05/15/07-80117-021 50.00

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: *x [Signature]* Date: *x 4/25/07*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #