2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 27, 2008
Secretary of State

DOCUMENT# L06000071954

Entity Name: B.A.L.L. PROPERTIES, LLC

Current Principal Place of Business:

6795 FRIENDSHIP DR
SARASOTA, FL 34241

New Principal Place of Business:

4727 TICHBORNE CIR
SARASOTA, FL 34241

Current Mailing Address:

6795 FRIENDSHIP DR
SARASOTA, FL 34241

New Mailing Address:

4727 TICHBORNE CIR
SARASOTA, FL 34241

FEI Number: 20-5440658 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROJAS, LIZAIDA
6795 FRIENDSHIP DR
SARASOTA, FL 34241 US

Name and Address of New Registered Agent:

ROJAS, LIZAIDA
4727 TICHBORNE CIR
SARASOTA, FL 34241 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: 01/27/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: ANDERSON, LYNN
Address: 6795 FRIENDSHIP DR
City-St-Zip: SARASOTA, FL 34241

Title: MGR ( ) Delete
Name: ROJAS, LIZAIDA
Address: 6795 FRIENDSHIP DR
City-St-Zip: SARASOTA, FL 34241

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: ANDERSON, LYNN
Address: 4727 TICHBORNE CIR
City-St-Zip: SARASOTA, FL 34241

Title: MGR (X) Change ( ) Addition
Name: ROJAS, LIZAIDA
Address: 4727 TICHBORNE CIR
City-St-Zip: SARASOTA, FL 34241

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: LIZAIDA ROJAS MGR 01/27/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date