

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000012965

Entity Name: BALBOA GROUP, L.L.C.

FILED
Jan 15, 2008
Secretary of State

Current Principal Place of Business:

6301 COLLINS AVENUE, PH-5
MIAMI BEACH, FL 33141

New Principal Place of Business:

Current Mailing Address:

6301 COLLINS AVENUE, PH-5
MIAMI BEACH, FL 33141

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BALBOA, HUMBERTO
6301 COLLINS AVENUE, PH-5
MIAMI BEACH, FL 33141 US

Name and Address of New Registered Agent:

BALBOA, LINDA
6301 COLLINS AVENUE, PH-5
MIAMI BEACH, FL 33141 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: LINDA BALBOA

01/15/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MS () Change (X) Addition
Name: BALBOA, LINDA
Address: 6301 COLLINS AVE PH 5
City-St-Zip: MIAMI BEACH, FL 33141

Title: MR () Change (X) Addition
Name: BALBOA, HUMBERTO L
Address: 6301 COLLINS AVE PH 5
City-St-Zip: MIAMI BEACH, FL 33141

Title: MS () Change (X) Addition
Name: BALBOA, LINDA
Address: 3725 ALCANTARA AVE
City-St-Zip: DORAL, FL 33178

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: LINDA BALBOA

MS

01/15/2008

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