

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000069641

FILED
Apr 23, 2007
Secretary of State

Entity Name: BALLIRO, GALASSO, & LESKOVICH, LLC

Current Principal Place of Business:

1822 BROADWAY
FORT MYERS, FL 33901

New Principal Place of Business:

Current Mailing Address:

PO BOX 9388
FORT MYERS, FL 33902

New Mailing Address:

FEI Number: 20-1959764

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GALASSO, JEAN-PAUL
1822 BROADWAY, SUITE A
NAPLES, FL 33901 US

Name and Address of New Registered Agent:

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: BALLIRO, SEBASTIAN J
Address: 1822 BROADWAY
City-St-Zip: FORT MYERS, FL 33901

Title: MGRM () Delete
Name: LESKOVICH, STEVEN S
Address: 1822 BROADWAY
City-St-Zip: FORT MYERS, FL 33901

Title: MGRM (X) Delete
Name: GALASSO, JEAN-PAUL
Address: 1822 BROADWAY, SUITE A
City-St-Zip: FORT MYERS, FL 33901

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: GALASSO, JEAN-PAUL
Address: 1822 BROADWAY
City-St-Zip: FORT MYERS, FL 33901

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 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: JEAN-PAUL GALASSO

MGRM

04/23/2007

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