


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 15, 2007 8:00 am**  
**Secretary of State**

04-24-2007 90108 050 \*\*\*\*50.00

|  |                                 |  |   |   |  |
|--|---------------------------------|--|---|---|--|
| <b>DOCUMENT # L06000006343</b><br>1. Entity Name<br>63001 BALLENTINE-CHAPEL HILL, LLC  |                                 |  |   |                                      |  |
| Principal Place of Business<br>100 HARBOR WAY<br>HOBE SOUND, FL 33455  |                                 |  | Mailing Address<br>100 HARBOR WAY<br>HOBE SOUND, FL 33455 |   |  |
| 2. Principal Place of Business - No P.O. Box #   |                                 | 3. Mailing Address   |   |   |  |
| Suite, Apt. #, etc.  |                                 | Suite, Apt. #, etc.  |   |   |  |
| City & State   |                                 | City & State   |   | 4. FEI Number   |  |
| Zip  |                                 | Country  |   | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required                              |  |
| 6. Name and Address of Current Registered Agent<br><br>WHWW, INC.<br>390 N. ORANGE AVENUE, SUITE 1500<br>ORLANDO, FL 32801   |                                 |  |   | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City |  |
| 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.  |                                 |  |   | FL Zip Code   |  |
| SIGNATURE _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>  |                                 |  |   |   |  |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2007</b>  |                                 | <b>Make check payable to<br/>Florida Department of State</b> |   |   |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>  |                                 |  | <b>10. ADDITIONS/CHANGES</b>                              |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP            | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP            | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
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| 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. |                                 |  |   |   |  |
| <b>SIGNATURE: Jeffrey Gelman</b>   |                                 |  | <b>4/10/07 772-546-4192</b>                               |   |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>   |                                 |  |   |   |  |