

**FILED**  
**Jun 08, 2007 8:00 am**  
**Secretary of State**

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05-18-2007 90215 001 \*2,550.00

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                 |                                                                                                                |                                                                                                                                      |                                                        |                                                                              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|------------------------------------------------------------------------------|
| <b>DOCUMENT # F06000001182</b><br>1. Entity Name<br><b>BALLANTRAE MANAGER, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                 |                                                                                                                |                                                                                                                                      |                                                        |                                                                              |
| Principal Place of Business<br><b>3100 MONTICELLO AVE<br/>SUITE 200<br/>DALLAS, TX 75205</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                 |                                                                                                                | Mailing Address<br><b>3100 MONTICELLO AVE<br/>SUITE 200<br/>DALLAS, TX 75205</b>                                                     |                                                        |                                                                              |
| 2. Principal Place of Business - No P.O. Box #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                 | 3. Mailing Address                                                                                             |                                                                                                                                      |                                                        |                                                                              |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                 | Suite, Apt. #, etc.                                                                                            |                                                                                                                                      |                                                        |                                                                              |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                 | City & State                                                                                                   |                                                                                                                                      |                                                        |                                                                              |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Country                                                                         | Zip                                                                                                            | Country                                                                                                                              | 05102007    Chg-P    CR2E034 (12/06)                   |                                                                              |
| 4. FEI Number<br><b>20-4353585</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                 |                                                                                                                |                                                                                                                                      | Applied For<br><input type="checkbox"/> Not Applicable |                                                                              |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                 |                                                                                                                |                                                                                                                                      | Barcode                                                |                                                                              |
| 6. Name and Address of Current Registered Agent<br><br><b>C T CORPORATION SYSTEM<br/>1200 SOUTH PINE ISLAND ROAD<br/>PLANTATION, FL 33324</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                 |                                                                                                                | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code |                                                        |                                                                              |
| 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 _____ (NOTE: Registered Agent signature required when registering)    DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                 |                                                                                                                |                                                                                                                                      |                                                        |                                                                              |
| <b>FILE NOW!!! FEE IS \$550.00<br/>Due by September 14, 2007</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                 | 9. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |                                                                                                                                      |                                                        |                                                                              |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                 |                                                                                                                | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                                |                                                        |                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | PD<br>FRIEDMAN, WILLIAM S<br>1775 BROADWAY 23RD FLOOR<br>NEW YORK, NY 10019     | <input type="checkbox"/> Delete                                                                                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                   | 423 West 55th Street, 12th Floor<br>New York, NY 10019 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | SD<br>MANSFIELD, KATHRYN<br>3100 MONTICELLO AVE, STE 200<br>DALLAS, TX 75205    | <input type="checkbox"/> Delete                                                                                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                   | 423 West 55th Street, 12th Floor<br>New York, NY 10019 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | VPD<br>MILLER, NANCY<br>1775 BROADWAY 23RD FLOOR<br>NEW YORK, NY 10019          | <input type="checkbox"/> Delete                                                                                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                   | 423 West 55th Street, 12th Floor<br>New York, NY 10019 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | D<br>DUVA, VICTOR A<br>1609 ORANGE STREET<br>WILMINGTON, DE 19801               | <input type="checkbox"/> Delete                                                                                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                   | 423 West 55th Street, 12th Floor<br>New York, NY 10019 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | D<br>SCHWARTZ, JENNIFER A<br>1609 ORANGE STREET<br>WILMINGTON, DE 19801         | <input type="checkbox"/> Delete                                                                                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                   | 423 West 55th Street, 12th Floor<br>New York, NY 10019 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | CFO<br>FAGERLI, BUD<br>200 E LAS OLAS BLVD, STE 1660<br>FT LAUDERDALE, FL 33301 | <input type="checkbox"/> Delete                                                                                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                   | 423 West 55th Street, 12th Floor<br>New York, NY 10019 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. |                                                                                 |                                                                                                                |                                                                                                                                      |                                                        |                                                                              |
| SIGNATURE: <i>[Signature]</i> <i>Kathryn Mansfield</i> 5/15/2007    204/599-2200<br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytona Phone #                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                 |                                                                                                                |                                                                                                                                      |                                                        |                                                                              |