

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 01, 2006 08:00 A**  
**Secretary of State**

**DOCUMENT # L01000013784**

1. Entity Name  
BALLAST POINT VENTURE PARTNERS, LLC



Principal Place of Business  
880 CARILLON PARKWAY  
SAINT PETERSBURG, FL 33716

Mailing Address  
880 CARILLON PARKWAY  
SAINT PETERSBURG, FL 33716



04122006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3744659

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

MATECKI, PAUL L  
880 CARILLON PARKWAY  
SAINT PETERSBURG, FL 33716

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and filer if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

000000546439  
05/11/06-80117-016 50.00

**9. MANAGING MEMBERS/MANAGERS**

|                |                            |
|----------------|----------------------------|
| TITLE          | P                          |
| NAME           | GRAHAM, DREW               |
| STREET ADDRESS | 880 CARILLON PKWY          |
| CITY- ST- ZIP  | SAINT PETERSBURG, FL 33716 |
| TITLE          | SVP                        |
| NAME           | JOHAN, PAUL                |
| STREET ADDRESS | 880 CARILLON PKWY          |
| CITY- ST- ZIP  | SAINT PETERSBURG, FL 33716 |
| TITLE          | T                          |
| NAME           | JOHAN, PAUL                |
| STREET ADDRESS | 880 CARILLON PKWY          |
| CITY- ST- ZIP  | SAINT PETERSBURG, FL 33716 |
| TITLE          | SVP                        |
| NAME           | BRANDEWIE, RICHARD         |
| STREET ADDRESS | 880 CARILLON PKWY          |
| CITY- ST- ZIP  | SAINT PETERSBURG, FL 33716 |
| TITLE          |                            |
| NAME           |                            |
| STREET ADDRESS |                            |
| CITY- ST- ZIP  |                            |
| TITLE          |                            |
| NAME           |                            |
| STREET ADDRESS |                            |
| CITY- ST- ZIP  |                            |

~~000000529276~~  
~~05/05/06-80065-018 150.00~~

**DO NOT WRITE  
IN THIS SPACE**

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.

**SIGNATURE:**

*Paul Matecki* 4/21/06

727-567-3800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #