

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 19, 2004 8:00 am**  
**Secretary of State**

07-19-2004 90233 018 \*\*\*\*50.00

**DOCUMENT # L01000018629**

1. Entity Name  
**BALLYHOO NATIONAL, LLC**



Principal Place of Business  
**3271 SW RIVERS END WAY  
PALM CITY, FL 34990**

Mailing Address  
**2522 SE WILLOUGHBY BLVD  
STUART, FL 34994**

**14025983**



2. Principal Place of Business  
**2522 SE Willoughby Blvd**

3. Mailing Address  
Suite, Apt. #, etc.

07012004 Chg-LLC CR2E083 (10/03)

City & State  
**Stuart, FL**

City & State

4. FEI Number  
**01-0616233**

Applied For  
Not Applicable

Zip  
**34994** Country  
**U.S.**

Zip Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

## 6. Name and Address of Current Registered Agent

**MUELLER, LAWRENCE D  
2522 SE WILLOUGHBY BLVD  
STUART, FL 34994**

## 7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**July 12-04**

**Filing Fee is \$50.00  
Due by September 8, 2004**

**Make check payable to  
Florida Department of State**

## 9. MANAGING MEMBERS/MANAGERS

TITLE / NAME  
**MGR MUELLER, LAWRENCE D** ☒ Delete  
STREET ADDRESS  
**3271 SW RIVERS END WAY**  
CITY-ST-ZIP  
**PALM CITY, FL 34990**

TITLE / NAME  
**MGR EDWARDS, DONALD W** ☐ Delete  
STREET ADDRESS  
**3271 SW RIVERS END WAY**  
CITY-ST-ZIP  
**PALM CITY, FL 34990**

TITLE / NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE / NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE / NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE / NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

## 10. ADDITIONS/CHANGES

TITLE / NAME  
**MGR Mueller, Lawrence D** ☒ Change ☐ Addition  
STREET ADDRESS  
**2522 SE Willoughby Blvd.**  
CITY-ST-ZIP  
**Stuart, FL 34994**

TITLE / NAME  
**MGR Edwards, Donald W** ☒ Change ☐ Addition  
STREET ADDRESS  
**2522 S.E. Willoughby Blvd.**  
CITY-ST-ZIP  
**Stuart, FL 34994**

TITLE / NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE / NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE / NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE / NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:**

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

Date

Daytime Phone #

**M. Mueller**

**July 12-04**