## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT # L02000026732

1. Entity Name

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**BALLINGEARY SHORES, LLC** 



FILED Jan 23, 2007 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

114 10TH STREET EAST TIERRA VERDE, FL 33715 114 10TH STREET EAST TIERRA VERDE, FL 33715



DO NOT WRITE IN THIS SPACE

01202007 No Chg-LLC CR2E083 (11/05)

4. FEI Number
04-3742272

5. Certificate of Status Desired

Applied For
Not Applicable
\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BRUNSON, JOHN MORGAN ESQ 1474 JORDAN HILLS COURT CLEARWATER, FL 33756

## 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				
0.0.0.0	Signature, typed or printed name of registered agent and title if applicable.	(NOTE, Registered Agent signature required when reinstating)	DATE	
Filing Fee is \$50.00 Due by May 1, 2007				
9.	MANAGING MEMBERS/MANAGERS			
TITLE	MGR	•		
NAME	HODGE, YVONNE L			
STREET ADDRESS	114 10TH STREET EAST			
CITY-ST-ZIP	TIERRA VERDE, FL 33715	i		
TITLE	•	U00000	599808	

U00000599808 01/25/07-80041-023 55.00

DO NOT WRITE IN THIS SPACE

11	. Thereby o	certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information
	<ul> <li>indicated</li> </ul>	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 lia	bility company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: // 2/07
SIGNATURE AND POPULAR PRINTED NAME OF SIGNING MANAGENO NEMBER, OR AUTHORIZED REPRESENTATIVE Date Dayline Phone #