

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000038947

FILED
Apr 24, 2004
Secretary of State

Entity Name: BALLIET HOLDINGS, LLC

Current Principal Place of Business:

13110 LILITA AVENUE
DOVER, FL 335273517

New Principal Place of Business:

Current Mailing Address:

13110 LILITA AVENUE
DOVER, FL 335273517

New Mailing Address:

FEI Number: 20-0555577

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NORMAN, CHRISTOPHER H
315 S. HYDE PARK AVENUE
TAMPA, FL 33606 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: WILSON, BONNIE B
Address: 13110 LILITA AVENUE
City-St-Zip: DOVER, FL 335273517

Title: MGR () Delete
Name: MCCLELLAND, WANDA B
Address: 4013 GALLAGHER ROAD
City-St-Zip: DOVER, FL 33527

Title: MGR () Delete
Name: BALLIET, PHILLIP C
Address: 13110 LILITA AVENUE
City-St-Zip: DOVER, FL 335273517

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: BONNIE B. WILSON

MGR

04/24/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date