

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90063 001 \*\*\*\*55.00

DOCUMENT # **LO300004419**

1. Entity Name

**BALATON, LLC.**



**DO NOT WRITE IN THIS SPACE**

**20051803**

2. Principal Place of Business  
**9470 S. OCEAN DR.**

3. Mailing Address  
**P.O. Box 6182**

Suite, Apt. #, etc.  
**216A**

Suite, Apt. #, etc.  
**JENSEN BEACH, FL.**

City & State  
**JENSEN BEACH FL.**

City & State  
**FL.**

4. FEI Number  
**90-0121598**

Applied For  
 Not Applicable

Zip  
**34757**

Country  
**USA.**

Zip  
**34757**

Country  
**USA.**

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

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
**STEPHEN R. SMITH**

Street Address (P.O. Box Number is Not Acceptable)  
**9470 S. OCEAN DR. 216A**

City  
**JENSEN BEACH** **FL** Zip Code  
**34757**

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 **Stephen R. Smith** **VICE-PRESIDENT**

**4/14/05**  
DATE

**FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**DUE BY MAY 1**

9. MANAGING MEMBERS / MANAGERS

TITLE  
**PRESIDENT**  
NAME  
**MIKE SMITH**  
STREET ADDRESS  
**9470 S. OCEAN DR. 216A**  
CITY-ST-ZIP  
**JENSEN BEACH FL 34757**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
**VICE PRESIDENT**  
NAME  
**STEPHEN R. SMITH**  
STREET ADDRESS  
**9470 S. OCEAN DR 216A**  
CITY-ST-ZIP  
**JENSEN BEACH FL 34757**

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**DO NOT WRITE IN THIS SPACE**

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: **STEPHEN R. SMITH**

**4/14/05** **772-222-0170**

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

Date Daytime Phone #

CR2E083B (12/02)