

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000032260

FILED  
Jan 20, 2007  
Secretary of State

Entity Name: BULLPEN PROPERTIES, LLC

## Current Principal Place of Business:

9344 ROYAL TROON DRIVE  
TALLAHASSEE, FL 32312

## New Principal Place of Business:

2180 GATES DRIVE  
TALLAHASSEE, FL 32312

## Current Mailing Address:

9344 ROYAL TROON DRIVE  
TALLAHASSEE, FL 32312

## New Mailing Address:

2180 GATES DRIVE  
TALLAHASSEE, FL 32312

FEI Number: 77-0630799

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DIBLASI, MICHAEL S  
201 W LAUREL STREET  
610  
TAMPA, FL 33602 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/MANAGERS:

Title: MGR ( ) Delete  
Name: DIBLASI, MICHAEL S  
Address: 201 W LAUREL STREET , #610  
City-St-Zip: TAMPA, FL 33602

Title: MGR ( ) Delete  
Name: GINN, CHRISTOPHER C  
Address: 9344 ROYAL TROON DRIVE  
City-St-Zip: TALLAHASSEE, FL 32312

## ADDITIONS/CHANGES:

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

Title: MGR (X) Change ( ) Addition  
Name: GINN, CHRISTOPHER C  
Address: 2180 GATES DRIVE  
City-St-Zip: TALLAHASSEE, FL 32312

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: MICHAEL DIBLASI

MMGR

01/20/2007

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