


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000042445 1. Entity Name BALLS PROPERTIES, LLC		
Principal Place of Business 12012 CORSICA LANE NORTH PORT, FL 34287	Mailing Address 12012 CORSICA LANE NORTH PORT, FL 34287	



03252007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 42-1633813	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**POPOVETSKY, SEMYON
12012 CORSICA LANE
NORTH PORT, FL 34287**

**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 _____

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 NAME STREET ADDRESS CITY-ST-ZIP	MGR POPOVETSKY, SEMYON 12012 CORSICA LANE NORTH PORT, FL 34287
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR THAUSE, DAVID 12012 CORSICA LANE NORTH PORT, FL 34287
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ODESSKY, ISRAEL 12012 CORSICA LANE NORTH PORT, FL 34287
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05/15/07-80117-021 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #