

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Feb 23, 2007 08:00 AM
Secretary of State**

DOCUMENT # L04000044260

1. Entity Name
BALSAMS RIDGE, LLC



Principal Place of Business
**107-A BREEZY POINT LANE
CRESCENT CITY, FL 32112 US**

Mailing Address
**POST OFFICE BOX 535
CRESCENT CITY, FL 32112 US**



01242007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1231995	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**MILLER, THOMAS A
211 STIRLING AVENUE
WINTER PARK, FL 32789**

**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	MGRM THOMAS A. MILLER TRUST U/A 6/30/99 211 STIRLING AVENUE WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JOSEPH E. MILLER TRUST U/A 8/12/99 POST OFFICE BOX 1023 WELAKA, FL 32193
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CIRCLE INVESTMENTS, LTD. POST OFFICE BOX 535 CRESCENT CITY, FL 32112
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/06/07-80018-006 55.00

**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:

Thomas A. Miller, AS MS PRESIDENT

1-26-07