


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 22, 2008 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
--	--

DO NOT WRITE IN THIS SPACE



02112008No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-1231995	Applied For <input type="checkbox"/> 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 _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000835627
02/29/08-80041-022 143.75

**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 #

AS PRES OF CIRCLE INVESTMENTS, INC. ITS GEN. PARTNER 2/19/08 386 698 1062