

**2005 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L04000054046

**FILED**  
**Jul 18, 2005**  
**Secretary of State****Entity Name:** BALLFIELD, LLC**Current Principal Place of Business:**11290 LONGWATER CHASE  
FT. MYERS, FL 33908 US**New Principal Place of Business:****Current Mailing Address:**11290 LONGWATER CHASE  
FT. MYERS, FL 33908 US**New Mailing Address:****FEI Number:****FEI Number Applied For ( )****FEI Number Not Applicable (X)****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**NICI, JAMES R ESQ.  
1185 IMMOKALEE ROAD  
SUITE 110  
NAPLES, FL 34110 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: MGRM ( ) Delete  
Name: CHERYL K COPHAM, TRU, STEE OF DAVID L COPHAM  
Address: FIT TRUST DTD 12/9/03, 11290 LONGWATER CHA  
City-St-Zip: FT. MYERS, FL 33908 US

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: CHERYL K COPHAM, TRU, STEE OF DAVID L COPHAM  
Address: FIT TRUST DTD 12/9/03, 11290 LONGWATER CHA  
City-St-Zip: FT. MYERS, FL 33908 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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:** CHERYL K. COPHAM

MGR

07/18/2005

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