

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000058339

FILED
Feb 18, 2007
Secretary of State

Entity Name: THE BALMORAL GROUP, LLC

Current Principal Place of Business:

670 NORTH ORLANDO AVENUE
SUITE 1012
MAITLAND, FL 32751

New Principal Place of Business:

Current Mailing Address:

670 NORTH ORLANDO AVENUE
SUITE 1012
MAITLAND, FL 32751

New Mailing Address:

FEI Number: 03-0546876

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

INTRASTATE REGISTERED AGENT CORPORATION
200 SOUTH ORANGE AVENUE, SUITE 2600
ORLANDO, FL 32801 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: SEIDEL, VALERIE
Address: 1250 RICHMOND ROAD
City-St-Zip: WINTER PARK, FL 32789

Title: MGR () Delete
Name: SEIDEL, GREGORY
Address: 1250 RICHMOND ROAD
City-St-Zip: WINTER PARK, FL 32789

Title: MGR () Delete
Name: WASHINGTON, JERRY
Address: 670 NORTH ORLANDO AVENUE SUITE 1012
City-St-Zip: MAITLAND, FL 32751

ADDITIONS/CHANGES:

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

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

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

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: VALERIE SEIDEL

MGR

02/18/2007

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