

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 11, 2007 8:00 am
Secretary of State

01-11-2007 90130 036 ****50.00

DOCUMENT # L05000014345

1. Entity Name
BALLYHAUNIS, LTD. CO.



Principal Place of Business
**C/O LYONS & LYONS, P.A.
25241 ELEMENTARY WAY STE 206
BONITA SPRINGS, FL 34135**

Mailing Address
**C/O LYONS & LYONS, P.A.
25241 ELEMENTARY WAY STE 206
BONITA SPRINGS, FL 34135**



2. Principal Place of Business - No P.O. Box #
27911 Crown Lake Blvd.

3. Mailing Address
27911 Crown Lake Blvd.

Suite, Apt. #, etc.
Suite 207

Suite, Apt. #, etc.
Suite 207

01062007 Chg-LLC CR2E083 (12/06)

City & State
Bonita Springs, FL

City & State
Bonita Springs, FL

4. FEI Number
20-3163566

Applied For
☐ Not Applicable

Zip
34135

Country
Lee

Zip
34135

Country
Lee

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**LYONS, RICHARD D
25241 ELEMENTARY WAY STE. 206
BONITA SPRINGS, FL 34135**

7. Name and Address of New Registered Agent

Name
L&L PARA, LTD. CO.

Street Address (P.O. Box Number is Not Acceptable)
27911 CROWN LAKE BLVD.

Suite 201

City
Bonita Springs **FL** Zip Code
34135

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 **Richard D. Lyons, Manager**

1/6/07

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
MGR
NAME
LYONS, RICHARD D ☒ Delete
STREET ADDRESS
25241 ELEMENTARY WAY 206
CITY-ST-ZIP
BONITA SPRINGS, FL 34135

10. ADDITIONS/CHANGES

TITLE
MGR ☐ Change ☒ Addition
NAME
LYONS, RICHARD D.
STREET ADDRESS
27911 CROWN LAKE BLVD., Ste. 201
CITY-ST-ZIP
BONITA SPRINGS, FL 34135

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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TITLE
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STREET ADDRESS
CITY-ST-ZIP

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: **Richard D. Lyons**

1/6/07 239-948-1823

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #