

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 05, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L05000022463**

1. Entity Name  
CHAPIN BALL PROPERTIES, LLC



Principal Place of Business

16621 U.S. HWY 301 SOUTH  
THE VILLAGE PLAZA STE 110  
WIMAUMA, FL 33598

Mailing Address

16621 U.S. HWY 301 SOUTH  
THE VILLAGE PLAZA STE 110  
WIMAUMA, FL 33598



02272007No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-4341730

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

BALL, LANCE C  
3294 OPORTO STREET  
NORTH PORT, FL 34287

**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	MGRM
NAME	CHAPIN, LOUISE M
STREET ADDRESS	203 AMESBURY CIRCLE
CITY-ST-ZIP	SUN CITY CENTER, FL 33573
TITLE	MGRM
NAME	BALL, DONA A
STREET ADDRESS	15345 STRASBURG ROAD
CITY-ST-ZIP	MONROE, MI 48161
TITLE	MGRM
NAME	BALL, LANCE C
STREET ADDRESS	3294 OPORTO STREET
CITY-ST-ZIP	NORTH PORT, FL 34287
TITLE	MGRM
NAME	BALL, DEREK J
STREET ADDRESS	15160 GOUTZ ROAD
CITY-ST-ZIP	MONROE, MI 48161
TITLE	MGRM
NAME	BALL, KEVIN S
STREET ADDRESS	417 HARRISON STREET APT. 1
CITY-ST-ZIP	MONROE, MI 48161
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000656869  
03/14/07-80040-021 50.00

**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:**

*Dona Ball*

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

2/28/07

Date

813-634-2550

Daytime Phone #