

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 10, 2008 08:00 A
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**



01042008 No Chg-LLC

CR2E083 (12/07)

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 _____

**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
CHAPIN, LOUISE M
203 AMESBURY CIRCLE
SUN CITY CENTER, FL 33573**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
BALL, DONA A
15345 STRASBURG ROAD
MONROE, MI 48161**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
BALL, LANCE C
3294 OPORTO STREET
NORTH PORT, FL 34287**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
BALL, DEREK J
15160 GOUTZ ROAD
MONROE, MI 48161**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
BALL, KEVIN S
417 HARRISON STREET APT. 1
MONROE, MI 48161**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000778759
01/11/08-80010-015 138.75

**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: *Louise M. Chapin*

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

LOUISE M. CHAPIN MGRM

1/4/08

Date

813-634-1661

Daytime Phone #