

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000055832

FILED
Jan 25, 2007
Secretary of State

Entity Name: BALLS, LLC

Current Principal Place of Business:

825 COUNTRY CLUB DRIVE
DEFUNIAK SPRINGS, FL 32435 US

New Principal Place of Business:

738 LAKESIDE DRIVE
DEFUNIAK SPRINGS, FL 32435 US

Current Mailing Address:

825 COUNTRY CLUB DRIVE
DEFUNIAK SPRINGS, FL 32435 US

New Mailing Address:

POST OFFICE BOX 1571
DEFUNIAK SPRINGS, FL 32435 US

FEI Number: 03-0562631

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHULTZ, JEAN
825 COUNTRY CLUB DRIVE
DEFUNIAK SPRINGS, FL 32435 US

Name and Address of New Registered Agent:

SUPPLE, JEAN
738 LAKESIDE DRIVE
DEFUNIAK SPRINGS, FL 32435 US

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: JEAN SUPPLE

01/25/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SCHULTZ, JEAN
Address: 825 COUNTRY CLUB DRIVE
City-St-Zip: DEFUNIAK SPRINGS, FL 32435 US

Title: MGRM () Delete
Name: HOLLEY, KIM
Address: 7700 US HWY 98 WEST
City-St-Zip: SANTA ROSA BEACH, FL 32459 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SUPPLE, JEAN
Address: 738 LAKESIDE DRIVE
City-St-Zip: DEFUNIAK SPRINGS, FL 32435 US

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: JEAN SUPPLE

MGRM

01/25/2007

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