## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Mar 31, 2008 08:00 Al **DOCUMENT # L05000060544 Secretary of State NAUGHTY BALLS.LLC** Principal Place of Business Mailing Address **420 CEZANNE DRIVE 420 CEZANNE DRIVE** OSPREY, FL 34229 US OSPREY, FL 34229 US 03262008 No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-3027512 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE CHAMBERS, ALLISON B **420 CEZANNE DRIVE OSPREY, FL 34229** 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 Unnanne 7 chie (NOTE: Registered Agent signature required when reinstating) 04/11/08-80024-024 138.75 FILE NOWIII FEE IS \$138,75 After May 1, 2008 Fee will be \$538.75 MANAGING MEMBERS/MANAGERS 9. MGRM TETT F CHAMBERS, ALLISON B NAME **420 CEZANNE DRIVE** STREET ADDRESS CITY-ST-ZIP OSPREY, FL 34229 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

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

STREET ADDRESS CITY-ST-7IP