

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000076823

Entity Name: BALSAKHAN LLC

FILED
Feb 14, 2007
Secretary of State

Current Principal Place of Business:

8151 NEW JERSEY BLVD
FORT MYERS, FL 33912

New Principal Place of Business:

24400 S TAMIAMI TRAIL
UNIT 142
BONITA SPRINGS, FL 34134

Current Mailing Address:

8151 NEW JERSEY BLVD
FORT MYERS, FL 33912

New Mailing Address:

24400 S TAMIAMI TRAIL
UNIT 142
BONITA SPRINGS, FL 34134

FEI Number: 20-3254482

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BALLESTEROS, EDWARD A
8151 NEW JERSEY BLVD
FORT MYERS, FL 33912 US

Name and Address of New Registered Agent:

SALISBURY, WILLIAM K
24400 S TAMIAMI TRAIL
UNIT 142
BONITA SPRINGS, FL 34134 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: WILLIAM SALISBURY

02/14/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM (X) Delete
Name: BALLESTEROS, EDWARD A
Address: 8151 NEW JERSEY BLVD
City-St-Zip: FORT MYERS, FL 33912

Title: MGRM () Delete
Name: SALISBURY, WILLIAM K
Address: 24400 SOUTH TAMIAMI TR LOT 142
City-St-Zip: BONITA SPRINGS, FL 34134

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: WILLIAM SALISBURY

MGRM

02/14/2007

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