


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 02, 2007 8:00 am
Secretary of State

03-02-2007 90187 015 ****50.00

DOCUMENT # L05000089837 1. Entity Name BALMORAL PARTNERS, LLC	
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60020486



01292007No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-4612071	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GILLESPIE, BOWEN
1515 SOUTH FEDERAL HIGHWAY
SUITE 306
BOCA RATON, FL 33432

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	LEVINE, DAVID
STREET ADDRESS	2840 UNIVERSITY DRIVE
CITY-ST-ZIP	CORAL SPRINGS, FL 33065

TITLE	MGR
NAME	MARTZ ENTERPRISES INC PROFIT SHARING PST
STREET ADDRESS	2840 UNIVERSITY DRIVE
CITY-ST-ZIP	CORAL SPRINGS, FL 33065

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

1/31/07 9547551775
Date Daytime Phone #