


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 03, 2008 8:00 am
Secretary of State

03-03-2008 90407 014 ***138.75

DOCUMENT # L05000089837 1. Entity Name BALMORAL PARTNERS, LLC	
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Principal Place of Business 2840 UNIVERSITY DRIVE CORAL SPRINGS, FL 33065	Mailing Address 2840 UNIVERSITY DRIVE CORAL SPRINGS, FL 33065
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DO NOT WRITE IN THIS SPACE

60012213



01072008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-4612071	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

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 _____

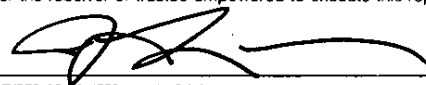
FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR REVINE, DAVID 2840 UNIVERSITY DRIVE CORAL SPRINGS, FL 33065
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MARTZ ENTERPRISES INC PROFIT SHARING PST 2840 UNIVERSITY DRIVE CORAL SPRINGS, FL 33065
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**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:  2-26-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #