

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000090460

FILED  
Feb 09, 2009  
Secretary of State

Entity Name: BALMORAL AT DELRAY LAKE ESTATES LLC

**Current Principal Place of Business:**

2840 UNIVERSITY DR  
CORAL SPRINGS, FL 330651425

**New Principal Place of Business:**

**Current Mailing Address:**

2840 UNIVERSITY DR  
CORAL SPRINGS, FL 330651425

**New Mailing Address:**

FEI Number: 36-4579076

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GILLESPIE, III, REES B  
1515 SOUTH FEDERAL HWY  
BOCA RATON, FL 33432 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: MORTON GROUP REALTY., LLC  
Address: 5350 W ATLANTIC AVE., #102  
City-St-Zip: DELRAY BEACH, FL 33484

Title: MGR ( ) Delete  
Name: BALMORAL PARTNERS, L, LC  
Address: 2840 UNIVERSITY DRIVE  
City-St-Zip: CORAL SPRINGS, FL 33065

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: DAVID LEVINE,  
Address: 2840 UNIVERSITY DRIVE  
City-St-Zip: CORAL SPRINGS, FL 33065

Title: MGR (X) Change ( ) Addition  
Name: MARTZ ENTERPRISES PR, OFIT SHARING P L AN  
Address: 2840 UNIVERSITY DRIVE  
City-St-Zip: CORAL SPRINGS, FL 33065

I hereby certify that the information supplied with this filing does not qualify 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: DAVID LEVINE

MGR

02/09/2009

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