

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000017606

**FILED**  
**Aug 06, 2008**  
**Secretary of State**

**Entity Name:** NORTHLAND BALLANTRAE LLC

**Current Principal Place of Business:**

3100 MONTICELLO AVE STE 200  
DALLAS, TX 75205

**New Principal Place of Business:**

2150 WASHINGTON STREET  
NEWTON, MA -02462

**Current Mailing Address:**

3100 MONTICELLO AVE STE 200  
DALLAS, TX 75205

**New Mailing Address:**

2150 WASHINGTON STREET  
NEWTON, MA 02462

FEI Number: 20-4362918

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

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

CSC CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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: TIMOTHY J. O'BRIEN

08/06/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: BALLENTRAE MANAGER,, INC  
Address: 3100 MONTICELLO AVE STE 200  
City-St-Zip: DALLAS, TX 75205

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: NORTHLAND FUND II, L, .P.  
Address: 2150 WASHINGTON STREET  
City-St-Zip: NEWTON, MA 02462

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: SUZANNE ABAIR

MBR

08/06/2008

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