

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000023665

Entity Name: BALSAM FAMILY, LLC

FILED  
Apr 25, 2008  
Secretary of State

## Current Principal Place of Business:

601 II RIVERSIDE AVENUE  
SUITE 619  
JACKSONVILLE, FL 32204

## New Principal Place of Business:

## Current Mailing Address:

601 II RIVERSIDE AVENUE  
SUITE 619  
JACKSONVILLE, FL 32204

## New Mailing Address:

FEI Number: 20-4429249

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WINSTON, JAMES H  
601 RIVERSIDE AVENUE BLVD II STE 619  
JACKSONVILLE, FL 32204 US

## Name and Address of New Registered Agent:

WINSTON, JAMES H  
601 II RIVERSIDE AVENUE STE 619  
JACKSONVILLE, FL 32204 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:

04/25/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: WINSTON, JAMES H MGRM  
Address: 601 RIVERSIDE AVENUE BLVD II STE 619  
City-St-Zip: JACKSONVILLE, FL 32204

Title: MGR ( ) Delete  
Name: ROSS, MARY A MGR  
Address: 2803 UNISON COURT  
City-St-Zip: MIDDLEBURG, FL 32068

Title: MGRM ( ) Delete  
Name: WINSTON, JR, JAMES H  
Address: 1455 OCEAN DRIVE #802  
City-St-Zip: MIAMI BEACH, FL 33139

Title: MGRM ( ) Delete  
Name: MASON, MCKIMMON W  
Address: 6481 ROBIN DRIVE  
City-St-Zip: LONGMONT, CO 80503

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: WINSTON, JAMES H MGRM  
Address: 601 II RIVERSIDE AVENUE STE 619  
City-St-Zip: JACKSONVILLE, FL 32204

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

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 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: MARY A. ROSS

MGR

04/25/2008

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