

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000023665

Entity Name: BALSAM FAMILY, LLC

FILED  
Apr 24, 2009  
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 II RIVERSIDE AVENUE STE 619  
JACKSONVILLE, FL 32204 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: MGRM ( ) Delete  
Name: WINSTON, JAMES H MGRM  
Address: 601 II RIVERSIDE AVENUE 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: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

04/24/2009

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