

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 16, 2007 8:00 am**  
**Secretary of State**

02-16-2007 90181 045 \*\*\*\*50.00

60016056

**DOCUMENT # L06000025581**

1. Entity Name  
**BALLANTYNE SURF SIDE 705, LLC**



Principal Place of Business  
**10034 CHESTER LAKE ROAD, EAST  
JACKSONVILLE, FL 32256 US**

Mailing Address  
**10034 CHESTER LAKE ROAD, EAST  
JACKSONVILLE, FL 32256 US**

*Surf Club III*

2. Principal Place of Business: *69 Surview Dr*

3. Mailing Address: *19034 Chester Lake Rd*

*Palin Coast*

*Suite, A/C*

02022007 Chg-LLC CR2E083 (12/06)

*Palin Coast FL*

*Jacksonville FL*

4. FEI Number  
**29-449-5359**

Applied For  
Not Applicable

Zip **32137** Country

Zip **32256** Country

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C. WILLIAM CURTIS, III, P.A.  
2107 HENDRICKS AVENUE  
2ND FLOOR  
JACKSONVILLE, FL 32207**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2007**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRM  
BALLANTYNE, AIMEE E  
10034 CHESTER LAKE ROAD EAST  
JACKSONVILLE, FL 32256** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRM  
BALLANTYNE, LOUIS J  
10034 CHESTER LAKE ROAD EAST  
JACKSONVILLE, FL 32256** ☐ Delete

TITLE  
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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:** *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

*2/9/07 (904) 389-4281*

Date

Daytime Phone #

ATTACHMENT

60016056

Dear Lee,

#LC06000625581

Thank-you for sending me the  
Correct form. Sorry this is my first  
year filing. I hope it is all correct.  
Will you please let me know if

my Ballantynes Tennis Inc. <sup>TD#</sup> 20-3581953.  
is not yet registered & current?

Thank-you

Louis Ballantyne

904 389-4281

904 472-5830

LB@TheFloridaYachtClub.org