

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000027803

Entity Name: BALLONIES LLC

FILED
May 01, 2007
Secretary of State

Current Principal Place of Business:

7929 SINGING COURT PLACE
TAMPA, FL 33615

New Principal Place of Business:

7031 BENJAMIN ROAD
SUITE B
TAMPA, FL 33634

Current Mailing Address:

7929 SINGING COURT PLACE
TAMPA, FL 33615

New Mailing Address:

PO BOX 261706
TAMPA, FL 33685

FEI Number: 20-4726089 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

ZIPLER, THERESA D
306 E WATERS AVENUE
TAMPA, FL 33604 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: WILLIAMS, CHARLIE
Address: 7929 SINGING COURT PLACE
City-St-Zip: TAMPA, FL 33615

Title: MGR () Delete
Name: WILLIAMS, LISA G
Address: 7929 SINGING COURT PLACE
City-St-Zip: TAMPA, FL 33615

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: WILLIAMS, CHARLIE
Address: 7031 BENJAMIN ROAD
City-St-Zip: TAMPA, FL 33634

Title: MGR (X) Change () Addition
Name: WILLIAMS, LISA G
Address: 7031 BENJAMIN ROAD
City-St-Zip: TAMPA, FL 33634

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: LISA WILLIAMS

VP

05/01/2007

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