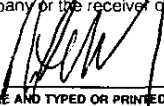


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2008 8:00 am
Secretary of State

04-23-2008 90125 010 ***138.75

DOCUMENT # L06000071969 1. Entity Name BALES & PARTNERS, LLC					
Principal Place of Business 2 S. BISCAYNE BLVD, ONE BISCAYNE TOWER STE 1881 MIAMI, FL 33131 US			Mailing Address 2 S. BISCAYNE BLVD, ONE BISCAYNE TOWER STE 1881 MIAMI, FL 33131 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 20-5383769	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent BALES, RICHARD M JR. 2 S. BISCAYNE BLVD, 1 BISCAYNE TOWER STE 1881 MIAMI, FL 33131				7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BALES, RICHARD M JR. 1717 NORTH BAYSHORE DRIVE, APT 4153 MIAMI, FL 33132	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GRATTAN, PATRICK 7472 IRWIN ROAD CORAL GABLES, FL 33143	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WATERS, JAMES C 107 SHADOW RIDGE PLACE CHAPEL HILL, NC 27516	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HAZLETT, CHARLES J 2455 FLAMINGO DRIVE, APT 402 MIAMI BEACH, FL 33140	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete			
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: 			RICHARD M. BALES, JR. 4/16/08 (305) 372-1200		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		