

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000079155

FILED
Apr 14, 2009
Secretary of State

Entity Name: BALLAST POINT MANAGEMENT SERVICES LLC

Current Principal Place of Business:

11300 FOURTH STREET NORTH
SUITE 200
SAINT PETERSBURG, FL 33716 US

New Principal Place of Business:

1511 N. WESTSHORE BLVD.
SUITE 300
TAMPA, FL 33607 US

Current Mailing Address:

11300 FOURTH STREET NORTH
SUITE 200
SAINT PETERSBURG, FL 33716 US

New Mailing Address:

1511 N. WESTSHORE BLVD.
SUITE 300
TAMPA, FL 33607 US

FEI Number: 20-5356831

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BALLAST POINT GROUP LLC
11300 FOURTH STREET NORTH
SUITE 200
SAINT PETERSBURG, FL 33716 US

Name and Address of New Registered Agent:

BALLAST POINT GROUP LLC
1511 N. WESTSHORE BLVD.
SUITE 300
TAMPA, FL 33607 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:

04/14/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BALLAST POINT GROUP LLC
Address: 11300 FOURTH STREET NORTH, SUITE 200
City-St-Zip: SAINT PETERSBURG, FL 33716 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: BALLAST POINT GROUP LLC
Address: 1511 N. WESTSHORE BLVD., STE 300
City-St-Zip: TAMPA, FL 33607 US

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: DARIAN W. JOHNSON

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04/14/2009

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