2007 LIMITED LIABILITY COMPANY

FILED Jun 28, 2007 8:00 am Secretary of State

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ANNUAL REPORT

DOCUMENT #L06000080400 TOM BALL INTERESTS, LLC 40122165 Principal Place of Business Mailing Address 213 SHADY OAKS CIRCLE 213 SHADY OAKS CIRCLE LAKE MARY, FL 32746 LAKE MARY, FL 32746 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 05042007 Chg-LLC CR2E083 (12/06) 4. FEI Number 20-5384244 Applied For City & State City & State Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BALL, THOMAS B III Street Address (P.O. Box Number is Not Acceptable) 213 SHADY OAKS CIRCLE LAKE MARY, FL 32746 Zip Code City FL 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 September 14, 2007 Make check payable to Florida Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 9. 10. MGRM TITLE TITLE Change ☐ Addition ☐ Delete BALL, THOMAS B III NAME NAME STREET ADDRESS 213 SHADY OAKS CIRCLE STREET ADDRESS CITY-ST-ZIP LAKE MARY, FL 32746 CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE Delete NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Change Addition Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Oelete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 mise empowered to execute this report as required by Chapter 608, Florida Statutes. Thomas B. Ball III 407-322-1713 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, DR AUTHORIZED REPRESENTATIVE Date