## 2008 LIMITED LIABILITY COMPANY

## Jan 28, 2008 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # L06000104293 01-28-2008 90070 031 \*\*\*138.75 1. Entity Name BALLYMORE PROPERTIES, LLC Principal Place of Business Mailing Address 397 WASHINGTON CROSSING ROAD 397 WASHINGTON CROSSING ROAD 60004244 NEWTOWN, PA 18940 NEWTOWN, PA 18940 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01142008 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For 20-5932852 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FILINGS, INC. Street Address (P.O. Box Number is Not Acceptable) 3732 N.W. 16TH STREET FT. LAUDERDALE, FL 33311-4132 City 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) Make check payable to FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGRM TITLE Defete TITLE Change Addition TAYLOR, ROBERTA NAME NAME STREET ADDRESS 397 WASHINGTON CROSSING ROAD STREET ADDRESS CITY-ST-ZIP NEWTOWN, PA 18940 CITY-ST-ZIP MGR TITLE ☐ Delete ☐ Change ☐ Addition TAYLOR, RODGER M. NAME NAME STREET ADDRESS 397 WASHINGTON CROSSING RD STREET ADDRESS CITY-ST-ZIP NEWTOWN, PA 18940 CITY-ST-ZIF TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Change ☐ Addition

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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.

NAME

STREET ADDRESS

CITY - ST - ZIP

NAME

STREET ADDRESS

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