

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jun 13, 2007 8:00 am
Secretary of State

05-01-2007 90313 033 ****50.00

DOCUMENT # L06000117728 1. Entity Name BALL & STOETZEL PROPERTIES, LLC					
Principal Place of Business 1535 KILLEARN CENTER BLVD., SUITE C-3 TALLAHASSEE FL 32309			Mailing Address 1535 KILLEARN CENTER BLVD., SUITE C-3 TALLAHASSEE FL 32309		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 30-0421514	
Zip		Country		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent STOETZEL, RALPH S JR. 1535 KILLEARN CENTER BLVD., SUITE C-3 TALLAHASSEE FL 32309				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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				FL Zip Code	
SIGNATURE _____ (NOTE: Registered Agent signature required when applicable) DATE _____					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	RALPH STOETZEL III 14411 STONE TALL. FL 32303		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MANAGER	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Ralph Stiel			Date: 4.21.07		

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1st MOORE CR2E083 (10/06)

FL Zip Code

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386.9266