

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000039664

FILED
Mar 02, 2008
Secretary of State

Entity Name: BALANCESENSE LLC

Current Principal Place of Business:

410 CELEBRATION PLACE, SUITE 100
CELEBRATION, FL 34747 US

New Principal Place of Business:

Current Mailing Address:

410 CELEBRATION PLACE, SUITE 100
CELEBRATION, FL 34747 US

New Mailing Address:

312 ACADIA LANE
CELEBRATION, FL 34747 US

FEI Number: 20-8845503

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ATKINS, KAREN L
312 ACADIA LANE
CELEBRATION, FL 34747 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ATKINS, KAREN L
Address: 410 CELEBRATION PLACE, SUITE 100
City-St-Zip: CELEBRATION, FL 34747 US

Title: MGRM (X) Delete
Name: ZETS, GARY
Address: 410 CELEBRATION PLACE, SUITE 100
City-St-Zip: CELEBRATION, FL 34747 US

Title: MGRM (X) Delete
Name: MORTIMER, BRUCE
Address: 410 CELEBRATION PLACE, SUITE 100
City-St-Zip: CELEBRATION, FL 34747 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: \KAREN L. ATKINS\

MGRM

03/02/2008

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