

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000092077

Entity Name: BALLAM, L.L.C.

FILED  
Jun 26, 2009  
Secretary of State

**Current Principal Place of Business:**

945 SEBASTIAN BLVD, #4  
SEBASTIAN, FL 32958

**New Principal Place of Business:**

**Current Mailing Address:**

945 SEBASTIAN BLVD, #4  
SEBASTIAN, FL 32958

**New Mailing Address:**

FEI Number: 32-0221405      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

LAMAN, JOHN  
945 SEBASTIAN BLVD 4  
SEBASTIAN, FL 32958      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: THE JOHN MARK LAMAN REVOCABLE TRUST  
Address: 9704 RIVERVIEW DR.  
City-St-Zip: MICCO, FL 32976

Title: MGRM ( ) Delete  
Name: THE WILLIAM ERVIN BALLOUGH TRUST  
Address: 3585 LUCIA DR.  
City-St-Zip: VERO BEACH, FL 32967

**ADDITIONS/CHANGES:**

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: JOHN LAMAN

MGRM

06/26/2009

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