

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L98000001990**

1. Entity Name
BAL PROPERTIES, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB -1 PM 12: 00

Principal Place of Business
434 ATLANTIS DRIVE
SATELLITE BEACH FL 32937

Mailing Address
434 ATLANTIS DRIVE
SATELLITE BEACH FL 32937-3812



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-3532533		APPLIED FOR		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required		Not Applicable
City & State		City & State		6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent		
Zip	Country	Zip	Country	Name			Street Address (P.O. Box Number is Not Acceptable)	
				City			FL	Zip Code

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
ANDERSON, J. PATRICK 930 S HARBOR CITY BOULEVARD, SUITE 505 MELBOURNE FL 32901							

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS				10. ADDITIONS / CHANGES			
TITLE	MGR	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BURNS, ROBERT L JR			NAME	700003123547-3		
STREET ADDRESS	434 ATLANTIS DRIVE			STREET ADDRESS	-02/04/00--01007--003		
CITY-ST-ZIP	SATELLITE BEACH FL 32937			CITY-ST-ZIP	*****50.00 *****50.00		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: DATE: 2/7/00 DAYTIME PHONE #: 321-75708