2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED
01 MAY -8 PM 3:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M00000000206
Entity Name
Balapines GP, LLC

Principal Place of Business	Mailing Address

2. Principal Place of Business	3. Mailing Address
2025 Lakepointe Dr.	Same
Suite, Apt. #, etc.: Suite 1B	Suite, Apt. #, etc.
City & State: Lewisville, TX	City & State
Zip: 75057 Country: USA	Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number: 23-3029695 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CT Corporation System 1200 S. Pine Island Rd. Plantation, FL 33324	Name Street Address (P.O. Box Number is Not Acceptable) City FL 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.

SIGNATURE _____ DATE
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

[redacted]

9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM Keating, Daniel J. III One Bala Ave, Suite 400 Bala Cynwyd, PA 19004 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR Lewis, Terry 2025 Lakepointe, 1B Lewisville, TX 75057 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 500004191865--2 -05/09/01--01131--019 *****55.00 *****55.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR Martin, Dennis A. One Bala Ave., Ste. 400 Bala Cynwyd, PA 19004 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR Cocchia, Peter T. One Bala Ave, Ste 400 Bala Cynwyd, PA 19004 ☐ 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
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E063 (11/00)

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: Daniel J. Keating, III 5/8/01 610-668-4100
SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #