2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 26, 2004 08:00 AM
Secretary of State

DOCUMENT # M00000000206

1. Entity Name
BALAPINES GP, LLC

Principal Place of Business	Mailing Address
2025 LAKEPOINTE DRIVE, SUITE 1B LEWISVILLE, TX 75057	2025 LAKEPOINTE DRIVE, SUITE 1B LEWISVILLE, TX 75057

07092004 No Chg-LLC CR2E083 (10/03)

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*

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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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.

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

Filing Fee is $50.00
Due by September 8, 2004

U00000168169
07/26/04-80002-025 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	KEATING, DANIEL J III
STREET ADDRESS	ONE BALA AVE., STE. 400
CITY-ST-ZIP	BALA CYNWYD, PA 19004
TITLE	MGR
NAME	LEWIS, TERRY
STREET ADDRESS	2025 LAKEPOINTE DRIVE, SUITE 1B
CITY-ST-ZIP	LEWISVILLE, TX 75057
TITLE	MGR
NAME	MARTIN, DENNIS A
STREET ADDRESS	ONE BALA AVE., STE. 400
CITY-ST-ZIP	BALA CYNWYD, PA 19004
TITLE	MGR
NAME	COCCHIA, PETER T
STREET ADDRESS	ONE BALA AVE., STE. 400
CITY-ST-ZIP	BALA CYNWYD, PA 19004
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ manager 7/10/04 610-660-4964
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #