

**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 2025 LAKEPOINTE DRIVE, SUITE 1B LEWISVILLE, TX 75057	Mailing Address 2025 LAKEPOINTE DRIVE, SUITE 1B LEWISVILLE, TX 75057
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DO NOT WRITE IN THIS SPACE



07092004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 23-3029695	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324
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**DO NOT WRITE
IN THIS SPACE**

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 _____ Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reappointing)	DATE _____
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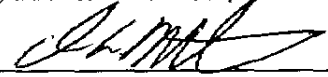
**Filing Fee is \$50.00
Due by September 8, 2004**

U00000168169
07/26/04-80002-025 50.00

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

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 #