2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 06, 2006 08:00 AM
Secretary of State

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

Principal Place of Business
20 TRAFALGAR SQUARE, SUITE 602
NASHUA, NH 03063

Mailing Address
20 TRAFALGAR SQUARE, SUITE 602
NASHUA, NH 03063

DO NOT WRITE IN THIS SPACE

02272006 No Chg-LLC CR2E083 (11/05)

4. FEI Number
02-0471650

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. **Name and Address of Current Registered Agent**

ABEL, ERIC D ESQ.
2450 N. CITRUS HILLS BLVD.
HERNANDO, FL 34442

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

Filing Fee is $50.00
Due by May 1, 2006

U00000455851
03/16/06 00006-004 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	TAMPOSI, SAMUEL A JR.
STREET ADDRESS	20 TRAFALGAR SQUARE, SUITE 602
CITY-ST-ZIP	NASHUA, NH 03063
TITLE	MGR
NAME	TAMPOSI, STEPHEN A
STREET ADDRESS	2450 N. CITRUS HILLS BLVD.
CITY-ST-ZIP	HERNANDO, FL 34442
TITLE	MEM
NAME	TAMPOSI, SHARON
STREET ADDRESS	20 TRAFALGAR SQ., SUITE 602
CITY-ST-ZIP	NASHUA, NH 03063
TITLE	MEM
NAME	TAMPOSI, MICHAEL
STREET ADDRESS	20 TRAFALGAR SQ., SUITE 602
CITY-ST-ZIP	NASHUA, NH 03063
TITLE	MEM
NAME	TAMPOSI, ELIZABETH
STREET ADDRESS	20 TRAFALGAR SQ., SUITE 602
CITY-ST-ZIP	NASHUA, NH 03063
TITLE	MEM
NAME	TAMPOSI, NICHOLAS
STREET ADDRESS	20 TRAFALGAR SQ., SUITE 602
CITY-ST-ZIP	NASHUA, NH 03063

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: [signature] 02-27-06 (603)883-2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #