

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 18, 2007 08:00 AM
Secretary of State

DOCUMENT # M95000000260

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**



03142007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

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**

**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: **ERIC D ABEL**
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, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
TAMPOSI, SAMUEL A JR.
20 TRAFALGAR SQUARE, SUITE 602
NASHUA, NH 03063**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
TAMPOSI, STEPHEN A
2450 N. CITRUS HILLS BLVD.
HERNANDO, FL 34442**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MEM
TAMPOSI, SHARON
20 TRAFALGAR SQ., SUITE 602
NASHUA, NH 03063**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MEM
TAMPOSI, MICHAEL
20 TRAFALGAR SQ., SUITE 602
NASHUA, NH 03063**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MEM
TAMPOSI, ELIZABETH
20 TRAFALGAR SQ., SUITE 602
NASHUA, NH 03063**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MEM
TAMPOSI, NICHOLAS
20 TRAFALGAR SQ., SUITE 602
NASHUA, NH 03063**

**DO NOT WRITE
IN THIS SPACE**

000000714183

04/27/07-80013-012-50.00

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

MANAGER 03/15/07 (603) 883-2002