

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M95000000260

FILED
Mar 02, 2009
Secretary of State

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

Current Principal Place of Business:

20 TRAFALGAR SQUARE, SUITE 602
NASHUA, NH 03063

New Principal Place of Business:

Current Mailing Address:

20 TRAFALGAR SQUARE, SUITE 602
NASHUA, NH 03063

New Mailing Address:

FEI Number: 02-0471650

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

ABEL, ERIC D ESQ.
2476 N. CITRUS HILLS BLVD.
HERNANDO, FL 34442 US

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:

03/02/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: TAMPOSI, SAMUEL A JR.
Address: 20 TRAFALGAR SQUARE, SUITE 602
City-St-Zip: NASHUA, NH 03063

Title: MGR () Delete
Name: TAMPOSI, STEPHEN A
Address: 2450 N. CITRUS HILLS BLVD.
City-St-Zip: HERNANDO, FL 34442

Title: MEM (X) Delete
Name: TAMPOSI, SHARON
Address: 20 TRAFALGAR SQ., SUITE 602
City-St-Zip: NASHUA, NH 03063

Title: MEM (X) Delete
Name: TAMPOSI, MICHAEL
Address: 20 TRAFALGAR SQ., SUITE 602
City-St-Zip: NASHUA, NH 03063

Title: MEM (X) Delete
Name: TAMPOSI, ELIZABETH
Address: 20 TRAFALGAR SQ., SUITE 602
City-St-Zip: NASHUA, NH 03063

Title: MEM (X) Delete
Name: TAMPOSI, NICHOLAS
Address: 20 TRAFALGAR SQ., SUITE 602
City-St-Zip: NASHUA, NH 03063

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
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Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: SAMUEL A. TAMPOSI, JR.

MGR

03/02/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date