2001 UNIFORM BUSINESS REPORT (UBR)

FILED

DOCUMENT # Magaza 2003 83

1. Entity Name

01 MAY 23 AM 7: 40

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Balapalms GP, LLC

Principal Place of Business

Mailing Address

SECRETARY OF STATE TALLAHASSEE, FLORIDA

2. Principal Plac	ce of Business	3. Mailing Address		-		
2025 Lakepointe		c/o Legal Dept.				
Suite, Apt. #,	etc.	Suite, Apt. #, etc. One Bala Ave.	, Ste. 400	DO NOT WRITE IN THIS SPA	ACE	
City & State Lewisvi	lle, TX	Bala Cynwyd,	PA	4. FEI Number 23–2995942		lied For Applicable
Ζφ 75057	Country	19004	Country		5.00 Addit e Required	
	6. Name and Address of Current R	tegistered Agent		7. Name and Address of New Registered Ag	ent	
			Name			
C T Corporation System 1200 South Pine Island Road		pad	Street Add	Street Address (P.O. Box Number is Not Acceptable)		
Planta	ation, FL 33324					
	•		City	FL.	Zip Code	·
8. The above r	named entity submits this statement for	the purpose of changing i	ts registered office or re	gistered agent, or both, in the State of Florida.		
SIGNATURE -	Signature, typed or printed name of registered agent a	and title if applicable. (N	OTE: Registered Agent signature	required when reinstating) DATE		
			management and adjusted to a comment of the control	professional transfer of the second		
		Make Check	NOWILLITEE IS 153 Payable to Departin	em of State /		
9.	MANAGING MEMB	Make Check	Payable to Departing	entiof State / ADDITIONS/CHANGES		
TITLE	MGRM	Make Check	Payable to Departm	entiof State / ADDITIONS/CHANGES	☐ Change	☐ Addition
	MGRM Keating, Daniel J. One Bala Ave., Sui	Make Check	Payable to Departing	entiof State / ADDITIONS/CHANGES		☐ Addition
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TITLE NAME STREET ADORESS	MGRM Keating, Daniel J. One Bala Ave., Sui Bala Cynwyd, PA MGR	Make Check	Payable to Departing 10. TITLE NAME STREET ADDRESS	ADDITIONS/CHANGES	☐ Change	☐ Addition
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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 cert; 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

Dani

Daniel J. Keating, III

5/15/01

610-668-4100