


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

3/1

**FILED**  
**May 05, 2008 8:00 am**  
**Secretary of State**

03-13-2008 90271 047 \*\*\*138.75

**DOCUMENT # L07000000803**  
 1. Entity Name  
**GEORGE E. HALL, LLC**



Principal Place of Business      Mailing Address  
 2190 AARON DRIVE      2190 AARON DRIVE  
 GREEN COVE SPRINGS FL 32043      GREEN COVE SPRINGS FL 32043

30003755

FILED BY MISS JUDY WOOD WITH FILED CLERK MISS KERRY LUTTEN PLUMMER

2. Principal Place of Business - No P.O. Box  
 Suite, Apt. #, etc.  
 City & State  
 Zip      Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip      Country

1st MOORE      CR2E083 (10/07)

4. FEI Number  
**20-8156930**      Applied For  
 Not Applicable

5. Certificate of Status Desired  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
**HALL, GEORGE E**  
**2190 AARON DRIVE**  
**GREEN COVE SPRINGS FL 32043**

7. Name and Address of New Registered Agent  
 Name:  
 Street Address (P.O. Box Number is Not Acceptable):  
 City:      FL      Zip Code

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 George E Hall, LLC      DATE 3-3-08

**FILE NOW!!! FEE IS \$138.75**  
 After May 1, 2008, Fee Will Be \$538.75  
 Make Check Payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE	MANAGING member	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATRICIA A HALL		NAME		
STREET ADDRESS	2190 AARON DR		STREET ADDRESS		
CITY - ST - ZIP	GREEN COVE SPRINGS FL 32043		CITY - ST - ZIP		
TITLE	MANAGING member	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	George E Hall II		NAME		
STREET ADDRESS	4824 Saddlehorn Trail		STREET ADDRESS		
CITY - ST - ZIP	Middleburg FL 32068		CITY - ST - ZIP		
TITLE	MANAGING member	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DONNIE EVANS		NAME		
STREET ADDRESS	972 Ridge Way Court		STREET ADDRESS		
CITY - ST - ZIP	ORANGE PARK FL 32045		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: George E Hall LLC      DATE 3-3-08      COPIES FILED 904282-0146