


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 23, 2006 8:00 am**  
**Secretary of State**

03-23-2006 90258 044 \*\*\*\*55.00

DOCUMENT # L99000002732 1. Entity Name HALCYON HILLS L.L.C.	
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Principal Place of Business 95 FOREST AVENUE LOCUST VALLEY, NY 11560	Mailing Address 95 FOREST AVENUE LOCUST VALLEY, NY 11560
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**DO NOT WRITE IN THIS SPACE**



02082006 No Chg-LLC CR2E083 (11/05)

4. FEI Number 59-3593268	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GRANET, LLOYD  
 2295 NW CORPORATE BLVD STE 135  
 BOCA RATON, FL 33431

**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: \_\_\_\_\_ DATE: \_\_\_\_\_

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

**Filing Fee is \$50.00**  
**Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR CASTRO, BERNADETTE 95 FOREST AVENUE LOCUST VALLEY, NY 11560
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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: Terry A. Keragh DATE: 3/14/06 DAYTIME PHONE #: 516-656-3100

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