


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90049 031 ****55.00

DOCUMENT # L99000002732

1. Entity Name
HALCYON HILLS L.L.C.



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



01122007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 59-3593268	Applied For <input type="checkbox"/> 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**

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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, 2007**

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: *Bernadette Castro* **4/1/07** **516-656-3100**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #