

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**PENDING**  
02-23-2005 90159 012 \*\*\*\*\*50.00  
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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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| <b>DOCUMENT # L04000091590</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                       |                                 |                                                                             |         |                                                                              |
| 1. Entity Name<br><b>HALIFAX INVESTORS GROUP LLC</b><br><i>Halifax Investors Group LLC</i>                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                       |                                 |                                                                             |                                                                                          |                                                                              |
| Principal Place of Business<br><b>1515 RIDGEWOOD AVE<br/>A<br/>HOLLY HILL, FL 32117</b>                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                       |                                 | Mailing Address<br><b>1515 RIDGEWOOD AVE<br/>A<br/>HOLLY HILL, FL 32117</b> |                                                                                          |                                                                              |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                       | 3. Mailing Address              |                                                                             | 02042005 Chg-LLC CR2E083 (10/03)                                                         |                                                                              |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                       | Suite, Apt. #, etc.             |                                                                             | 4. FCI Number<br><b>20-2022209</b>                                                       |                                                                              |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                       | City & State                    |                                                                             | Applied For<br>Not Applicable                                                            |                                                                              |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Country                                                               | Zip                             | Country                                                                     | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required |                                                                              |
| 6. Name and Address of Current Registered Agent<br><b>LOGUIDICE, JOE<br/>1515 RIDGEWOOD AVE<br/>A<br/>HOLLY HILL, FL 32117</b>                                                                                                                                                                                                                                                                                                                                                                                   |                                                                       |                                 |                                                                             | 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 <i>[Signature]</i> <b>Joe Loguidice</b> DATE <b>2/5/05</b><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reappointing)</small>                                                                                                                                                                                                                                                                               |                                                                       |                                 |                                                                             |                                                                                          |                                                                              |
| Filing Fee is \$50.00<br>Due by May 1, 2005                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                       |                                 | Make check payable to<br>Florida Department of State                        |                                                                                          |                                                                              |
| 9. MANAGING MEMBERS/MANAGERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                       |                                 | 10. ADDITIONS/CHANGES                                                       |                                                                                          |                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                               | MGR<br>LOGUIDICE, JOE<br>1515 RIDGEWOOD AVE A<br>HOLLY HILL, FL 32117 | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                          | MGR<br>Esmirna Valdez<br>1515 Ridge Wood Ave<br>Holly Hill, FL 32117                     | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                       | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                          | MGR Mike Lewis                                                                           | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                       | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                          | MRS Steve Whitmer                                                                        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                       | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                          | MRS Fred Hill<br>MRS Travis White                                                        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                       | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                          | MRS Becky Bishop<br>MRS Peter Loguidice                                                  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                       | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                          | MRS Mike Long<br>MRS Robert Meyer                                                        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 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 oath; that I am a managing member or manager of the limited liability company or the receiver or trustee of the company and that this report as required by Chapter 608, Florida Statutes. |                                                                       |                                 |                                                                             |                                                                                          |                                                                              |
| SIGNATURE: <i>[Signature]</i> <b>Joe Loguidice</b> DATE <b>2/5/05</b> (386)<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>                                                                                                                                                                                                                                                                                                              |                                                                       |                                 |                                                                             |                                                                                          |                                                                              |