


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
May 06, 2005 08:00 AM
Secretary of State

| | | | | | |
|---|----------------------------|---------|--|---|---------|
| DOCUMENT # A00000000882 | | | |  | |
| 1. Entity Name HALLANDALE PLACE, LTD. | | | | | |
| Principal Place of Business C/O ALLEN D. FULLER ESQ 201 ALHAMBRA CIR SUITE 602 CORAL GABLES, FL 33134 | | | Mailing Address C/O ALLEN D. FULLER ESQ 201 ALHAMBRA CIR SUITE 602 CORAL GABLES, FL 33134 | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | Zip | | Country |
| 6. Name and Address of Current Registered Agent FULLER, ALLEN D 201 ALHAMBRA CIR SUITE 602 CORAL GABLES, FL 33134 | | | 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | | | | |
| 9. Capital Contributions as Shown on record. \$100.00 | | | 10. Amount of Capital Contributions in FLORIDA to date. | | |
| A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner. | | | | | |
| 12. GENERAL PARTNER INFORMATION | | | 13. ADDRESS CHANGES ONLY | | |
| DOCUMENT # | L00000006252 | | STREET ADDRESS | | |
| NAME | HALLANDALE PLACE, LLC | | CITY - ST - ZIP | | |
| STREET ADDRESS | 201 ALHAMBRA CIR SUITE 602 | | | | |
| CITY - ST - ZIP | CORAL GABLES, FL 33134 | | | | |
| DOCUMENT # | | | STREET ADDRESS | | |
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| STREET ADDRESS | | | | | |
| CITY - ST - ZIP | | | | | |
| 14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes | | | | | |
| SIGNATURE: _____ | | | ALLEN FULLER 4/27/05 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER | | | Date Daytime Phone # | | |

STAPLE CHECK HERE



04252005 Chg-LP CR2E003 (10/03)

4. FEI Number 59-2062744 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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05/06/05-80024-018 141.25