

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Jan 25, 2006 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**



01122006 No Chg-LP

CR2E003 (11/05)

4. FEI Number
59-2062744

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**FULLER, ALLEN D
201 ALHAMBRA CIR
SUITE 602
CORAL GABLES, FL 33134**

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

DATE _____

**FILE NOW!!! FEE IS \$500.00
After May 1, 2006, Fee will be \$900.00**

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

DOCUMENT # **L00000006252**
NAME **HALLANDALE PLACE, LLC**
STREET ADDRESS **201 ALHAMBRA CIR SUITE 602**
CITY-ST-ZIP **CORAL GABLES, FL 33134**

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**UN00000401888
02/02/06-80063-025 500.00**

**DO NOT WRITE
IN THIS SPACE**

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/18/06 (305)445-71

Date

Daytime Phone #

STAPLE CHECK HERE