

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED

2007 APR 25 AM 10:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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 - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address <i>12000 BISCAYNE BLVD</i> <i>SUITE 609</i> <i>NORTH MIAMI FL</i> <i>33181 USA</i>			
4. FEI Number 59-2062744		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
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>					
FILE NOW!!! FEE IS \$500.00 After May 1, 2007, 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			13. ADDRESS CHANGES ONLY		
DOCUMENT #	L00000006252		STREET ADDRESS		
NAME	HALLANDALE PLACE, LLC		CITY-ST-ZIP		
STREET ADDRESS	201 ALHAMBRA CIR SUITE 602		STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES, FL 33134		CITY-ST-ZIP		
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CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>Allen D. Fuller</i>			4-20-07 (305) 445-7150		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			<small>Date Daytime Phone #</small>		

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