

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000000653

FILED
Mar 15, 2004
Secretary of State

Entity Name: HAFTACRE LLC

Current Principal Place of Business:

19682-902 WATERS POND LANE
C/O FLORENCE H. HAFT
BOCA RATON, FL 33434

New Principal Place of Business:

C/O FLORENCE HAFT
19682-902 WATERS POND LANE
BOCA RATON, FL 33434

Current Mailing Address:

19682-902 WATERS POND LANE
C/O FLORENCE H. HAFT
BOCA RATON, FL 33434

New Mailing Address:

C/O FLORENCE HAFT
19682-902 WATERS POND LANE
BOCA RATON, FL 33434

FEI Number: 11-6301302

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAFT, FLORENCE H
19682-902 WATERS POND LANE
BOCA RATON, FL 33434 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: HAFT, FLORENCE H
Address: 19682-902 WATERS POND LANE
City-St-Zip: BOCA RATON, FL 33434

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: FLORENCE H HAFT

MGRM

03/15/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date