

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

may 1  
**FILED**  
**Apr 29, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L00000003672**

1. Entity Name  
**HALSTEAD PROPERTIES, LLC**



Principal Place of Business  
**3310 LOGAN DRIVE  
PENSACOLA, FL 32503**

Mailing Address  
**3310 LOGAN DRIVE  
PENSACOLA, FL 32503**



04212005 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3638205**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**RAYBOUN, MICHAEL C  
105 E. GREGORY SQUARE  
PENSACOLA, FL 32501**

**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.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	HALSTEAD, JAMES
STREET ADDRESS	3310 LOGAN DRIVE
CITY- ST- ZIP	PENSACOLA, FL 32503
TITLE	MGRM
NAME	HALSTEAD, PAMELA
STREET ADDRESS	3310 LOGAN DRIVE
CITY- ST- ZIP	PENSACOLA, FL 32503
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

1100000344118

04/29/05-80121-021 50.00

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

425-05 850-4339972