

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 23, 2004 8:00 am**  
**Secretary of State**

03-23-2004 90070 006 \*\*\*\*50.00

DOCUMENT # L00000006252

1. Entity Name  
HALLANDALE PLACE, LLC



Principal Place of Business  
201 ALHAMBRA CIR  
SUITE 602  
CORAL GABLES, FL 33134

Mailing Address  
201 ALHAMBRA CIR  
SUITE 602  
CORAL GABLES, FL 33134

29021100



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03122004 Chg-LLC CR2E083 (10/03)

4. FEI Number

65-1072571

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

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, 2004**

**Make check payable to**  
**Florida Department of State**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE MGRM ☐ Delete  
NAME FULLER, JOHN  
STREET ADDRESS 1111 LINCOLN ROAD, SUITE 802  
CITY-ST-ZIP MIAMI BEACH, FL 33139

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 12000 Biscayne Blvd #609  
CITY-ST-ZIP N. MIAMI, FL 33181

TITLE MGRM ☐ Delete  
NAME GOLDSTEIN, ALAN  
STREET ADDRESS 5 CANNON POINT/OCEAN REEF CLUB  
CITY-ST-ZIP KEY LARGO, FL 33037

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE MBR ☐ Delete  
NAME FULLER, ALLEN D  
STREET ADDRESS 201 ALHAMBRA CIRCLE, SUITE 602  
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. 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 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: Allen D. Fuller

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

3/12/04

Date

305-445-7150

Daytime Phone #