

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

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



04252005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

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

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

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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	FULLER, JOHN
STREET ADDRESS	12000 BISCAYNE BLVD #609
CITY - ST - ZIP	N. MIAMI, FL 33181
TITLE	MGRM
NAME	GOLDSTEIN, ALAN
STREET ADDRESS	5 CANNON POINT/OCEAN REEF CLUB
CITY - ST - ZIP	KEY LARGO, FL 33037
TITLE	MBR
NAME	FULLER, ALLEN D
STREET ADDRESS	201 ALHAMBRA CIRCLE, SUITE 602
CITY - ST - ZIP	CORAL GABLES, FL 33134
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U00000344147
04/29/05-80123-022 50.00

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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)(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: _____

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

ALLEN FULLER

Date

Daytime Phone #