2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 24, 2007 8:00 am Secretary of State 04-24-2007 90118 046 **** 50.00

(305)445-7150

4-20-07

DOCUMENT # L0000006252 1. Entity Name HALLANDALE PLACE, LLC							04-24-2007	901180	46 ****5(0.00	
Principal Plac	e of Busines	s	Mailing Address	****	·	7		,			
201 ALHAMBRA CIR			201 ALHAMBRA CIR								
SUITE 602			SUITE 602								
CORAL GABLES, FL 33134			CORAL GABLES, FL 33	3134		I (Beltell of	(88t)) #PIJI BEIJI EBIJI 883	DEM ERIO B		TERL AL 1881	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address / 2000 BISCAYNE		IE BLVE							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04172007	Chg-LLC	CR2EC	83 (12/06)				
City & State		City & State		4. FEI Numb	Of .		, ,	plied For			
Only a diale		MORTH MIAMI AL		i R	65-107			-	t Applicable		
Zip		Country .	33181		ين هدت	5. Certificate	of Status Desired		\$5.00 Add Fee Required	litional	
	6. Name	and Address of Current	Registered Agent			7. Name and	Address of New R	egistered /	Agent		
CIIII ED 7	ALLEND				Name						
FULLER, ALLEN D 201 ALHAMBRA CIR			Street Address			s (P.O. Box Numb	(P.O. Box Number is Not Acceptable)				
SUITE 602 CORAL GA		L 33134 :									
	,				City				Zip Code		
8. The above named entity submits this statement for the purpose of changing its register								FL	• '		
the obligati	ions of regist	tered agent.	r the purpose of changing its	s registere	ad office or regist	tered agent, or bo	in, in the State of Fic	rida. I am	tamiliar with,	and accept	
SIGNATURE .	Signature, typed	for printed name of registered agent a	and title if applicable. (NOT	E: Registere	d Agent signature requi	ired when reinstating)		DATE		<u> </u>	
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	iling Fee i ue by Ma								ayable to ent of State	e	
			RS/MANAGERS	10.				Departm	ent of Stati	e	
9.	MGRM	y 1, 2007 MANAGING MEMBE	RS/MANAGERS	TITLI			Florida	Departm	ent of Stati	Addition	
9. TITLE NAME	MGRM FULLER,	y 1, 2007 MANAGING MEMBE		TITLI	E		Florida	Departm	ent of State		
9. TITLE NAME STREET ADDRESS	MGRM FULLER, 12000 BIS	y 1, 2007 MANAGING MEMBE JOHN SCAYNE BLVD #609		TITLI NAM STRE	E ET ADORESS		Florida	Departm	ent of State		
9. TITLE NAME STREET ADORESS CITY-ST-ZIP	MGRM FULLER, 12000 BIS N. MIAMI	y 1, 2007 MANAGING MEMBE	☐ Delete	TITLI NAM STRE CITY	ET ADORESS -ST-ZIP		Florida	Departm	□ Change	Addition	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MGRM FULLER, 12000 BIS N. MIAMI	MANAGING MEMBE JOHN SCAYNE BLVD #609 , FL 33181		TITLE NAM STRE CITY	E ET ADORESS -ST-ZIP		Florida	Departm	ent of State		
9. TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME	MGRM FULLER, 12000 BIS N. MIAMI MGRM GOLDSTI	MANAGING MEMBE JOHN SCAYNE BLVD #609 , FL 33181 EIN, ALAN	☐ Delete	TITLI NAM STRE CITY TITLI NAM	E ET ADORESS -ST-ZIP E		Florida	Departm	□ Change	Addition	
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