


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 24, 2007 8:00 am**  
**Secretary of State**

04-24-2007 90118 046 \*\*\*\*50.00

|  |  |  |  |   |  |
|--|--|--|--|---|--|
| <b>DOCUMENT # L00000006252</b><br>1. Entity Name<br>HALLANDALE PLACE, LLC  |  |  |  |  |  |
| Principal Place of Business<br>201 ALHAMBRA CIR<br>SUITE 602<br>CORAL GABLES, FL 33134   |  |  | Mailing Address<br>201 ALHAMBRA CIR<br>SUITE 602<br>CORAL GABLES, FL 33134   |   |  |
| 2. Principal Place of Business - No P.O. Box #   |  | 3. Mailing Address<br>12000 BISCAYNE BLVD                    |  |   |  |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.<br>609                                   |  |   |  |
| City & State   |  | City & State<br>NORTH MIAMI FL                               |  |   |  |
| Zip  | Country  | Zip<br>33181   | Country<br>USA   |   |  |
| 4. FEI Number<br>65-1072571  |  |  | Applied For<br>Not Applicable  |   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |  |  | \$5.00 Additional Fee Required   |   |  |
| 6. Name and Address of Current Registered Agent<br><br>FULLER, ALLEN D<br>201 ALHAMBRA CIR<br>SUITE 602<br>CORAL GABLES, FL 33134  |  |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____  |  |  |  |   |  |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2007</b>  |  | <b>Make check payable to<br/>Florida Department of State</b> |  |   |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>  |  |  | <b>10. ADDITIONS/CHANGES</b>   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRM<br>FULLER, JOHN<br>12000 BISCAYNE BLVD #609<br>N. MIAMI, FL 33181             |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRM<br>GOLDSTEIN, ALAN<br>5 CANNON POINT/OCEAN REEF CLUB<br>KEY LARGO, FL 33037   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MBR<br>FULLER, ALLEN D<br>201 ALHAMBRA CIRCLE, SUITE 602<br>CORAL GABLES, FL 33134 |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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. |  |  |  |   |  |
| <b>SIGNATURE:</b> _____  |  |  | 4-20-07 (305) 445-7150   |   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  |  |  | Date Daytime Phone #   |   |  |