

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 15, 2004 8:00 am**  
**Secretary of State**

03-15-2004 90437 042 \*\*\*\*50.00

**DOCUMENT # L00000008875**

1. Entity Name

HALDEMAN CREEK ENTERPRISE, LLC



Principal Place of Business

Mailing Address

~~2801 BAYVIEW DRIVE~~  
~~NAPLES FL 34112~~

~~2801 BAYVIEW DRIVE~~  
~~NAPLES FL 34112~~

2. Principal Place of Business

375 8th Avenue South

3. Mailing Address

375 8th Avenue South

Suite, Apt. #, etc.

Unit E

Suite, Apt. #, etc.

Unit E

City & State

Naples, Florida

City & State

Naples, Florida

Zip

34102

Country

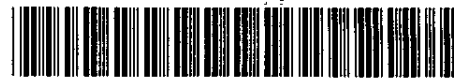
USA

Zip

34102

Country

USA



MOORE

CR2E083 (11/03)

4. FEI Number

59-3661987

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

NOVATT, JEFF M ESQUIRE  
C/O CHEFFY, PASSIDOMO  
821 FIFTH AV. SO  
NAPLES FL 34102

7. Name and Address of New Registered Agent

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☒ Delete  
NAME BALMORAL MANAGEMENT LLC  
STREET ADDRESS 1030 15TH ST. NW  
CITY-ST-ZIP WASHINGTON DE 20005

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Change ☒ Addition  
NAME MCCARTHY, HARRIET R.  
STREET ADDRESS 375 8th Avenue South, Unit E  
CITY-ST-ZIP Naples, Florida 34102

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

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

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

TITLE ☐ Change ☐ Addition  
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:

*Harriet R. McCarthy*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/9/04

Date

239-430-9754

Daytime Phone #

Harriet R. McCarthy, Managing Member