


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 22, 2008 08:00 AM**  
**Secretary of State**

|  |   |
|--|---|
| <b>DOCUMENT # L00000011249</b><br>1. Entity Name<br>HALPERN FAMILY INVESTMENTS, L.L.C. |  |
|--|---|

|   |   |
|---|---|
| Principal Place of Business<br>209 DUVAL STREET<br>KEY WEST, FL 33040 | Mailing Address<br>209 DUVAL STREET<br>KEY WEST, FL 33040 |
|---|---|



01072008No Chg-LLC

CR2E083 (12/07)

|                             |                               |
|-----------------------------|-------------------------------|
| 4. FEI Number<br>65-1077930 | Applied For<br>Not Applicable |
|-----------------------------|-------------------------------|

|  |  |
|--|--|
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | <b>\$5.00</b> Additional<br>Fee Required |
|--|--|

**DO NOT WRITE IN THIS SPACE**

|   |
|---|
| 6. Name and Address of Current Registered Agent<br><br>HALPERN, MICHAEL<br>209 DUVAL STREET<br>KEY WEST, FL 33040 |
|---|

**DO NOT WRITE  
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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable</small> | (NOTE: Registered Agent signature required when reinstating) | DATE _____ |
|--|--|------------|

|   |   |
|---|---|
| <b>FILE NOW!!! FEE IS \$138.75</b><br><b>After May 1, 2008 Fee will be \$538.75</b> | U00000791606<br>01/23/08-80082-003 143.75 |
|---|---|

| 9. MANAGING MEMBERS/MANAGERS                   |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>HALPERN, MICHAEL<br>209 DUVAL STREET<br>KEY WEST, FL 33040 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

**DO NOT WRITE  
IN THIS SPACE**

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>  <b>Michael Halpern</b><br>as Manager | (305) 296-5667                      |
| <small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>                                 | <small>Date Daytime Phone #</small> |