
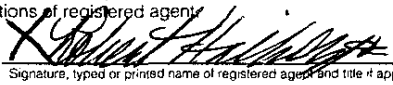
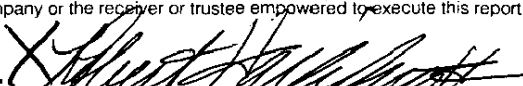


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 17, 2004 8:00 am
Secretary of State

02-17-2004 90197 010 ****50.00

DOCUMENT # L01000001872					
1. Entity Name HALLIDAY FAMILY CHILDREN'S RANCHO-MARGATE, L.L.C.					
Principal Place of Business 2900 NORTH STATE ROAD 7 MARGATE FL 33063			Mailing Address 2900 NORTH STATE ROAD 7 MARGATE FL 33063		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-1097082	
Zip		Country		Applied For Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent GAYNES, DAVID M ESQ 7153 CATANIA DRIVE BOYNTON BEACH FL 33437				7. Name and Address of New Registered Agent	
				Name Robert Halliday	
				Street Address (P.O. Box Number is Not Acceptable) 10097 Cleary Blvd #277	
				City Plantation	
				FL Zip Code 33324	
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)					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004					
9. MANAGING MEMBERS/MANAGERS					
TITLE P	NAME HALLIDAY, ROBERT III		<input type="checkbox"/> Delete		
STREET ADDRESS 10097 CLEARY BLVD, #277	CITY-ST-ZIP PLANTATION FL 33323				
TITLE MGR	NAME HALLIDAY, WILLIAM		<input type="checkbox"/> Delete		
STREET ADDRESS 10097 CLEARY BLVD, #22	CITY-ST-ZIP PLANTATION FL 33323				
TITLE MGR	NAME HALLIDAY, ROBERT IV		<input type="checkbox"/> Delete		
STREET ADDRESS 10097 CLEARY BLVD, #22	CITY-ST-ZIP PLANTATION FL 33323				
TITLE 	NAME		<input type="checkbox"/> Delete		
STREET ADDRESS	CITY-ST-ZIP				
TITLE	NAME		<input type="checkbox"/> Delete		
STREET ADDRESS	CITY-ST-ZIP				
TITLE	NAME		<input type="checkbox"/> Delete		
STREET ADDRESS	CITY-ST-ZIP				
TITLE	NAME		<input type="checkbox"/> Delete		
STREET ADDRESS	CITY-ST-ZIP				
10. ADDITIONS/CHANGES					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
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, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date: 2/9/04 Daytime Phone #: 954-9725800					