


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 06, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000015545 1. Entity Name HALLAM PRESERVE, LLC	
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Principal Place of Business 124 SOUTH FLORIDA AVENUE LAKELAND, FL 33801	Mailing Address PO BOX 1746 LAKELAND, FL 33802-1746
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01232004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3745091	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent PHILPOT, BRIAN G 124 SOUTH FLORIDA AVENUE LAKELAND, FL 33801
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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: _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR LAND ONE PROPERTIES, INC 124 S. FLORIDA AVE. LAKELAND, FL 33801
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR HARPER, ROBERT F IV 5900 IMPERIAL LAKES BLVD, MULBERRY, FL 33864
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

<p>1000000038235 02/06/04 -80131-004 50.00</p> <p>DO NOT WRITE IN THIS SPACE</p>

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:  **2/3/04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #