

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L02000013463

Entity Name: HALEY DEVELOPMENT, LLC

FILED
Oct 10, 2005
Secretary of State

Current Principal Place of Business:

3916 OAK CREST CIRCLE
PORT ORANGE, FL 721199618

New Principal Place of Business:

Current Mailing Address:

3916 OAK CREST CIRCLE
PORT ORANGE, FL 721199618

New Mailing Address:

FEI Number: 06-1670895 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

HAELY, PHILLIP J
3916 OAK CREST CIRCLE
PORT ORANGE, FL 721199618 US

Name and Address of New Registered Agent:

RUSSELL, RODNEY L
1030 NORTH ORANGE AVENUE
SUITE 102
ORLANDO, FL 32801 US

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.

SIGNATURE: RODNEY L. RUSSELL

10/10/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HALEY, PHILLIP J
Address: 3916 OAK CREST CIRCLE
City-St-Zip: PORT ORANGE, FL 721199618

Title: MGRM () Delete
Name: HALEY, DANIEL
Address: 15 GRANVILLE CIRCLE
City-St-Zip: DAYTONA BEACH, FL 31118

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: PHILLIP J. HALEY

MG

10/10/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date