

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90061 038 ****50.00

DOCUMENT # L02000022835													
1. Entity Name HALLMARK PROPERTIES LLC													
Principal Place of Business 2693 WEST FAIRBANKS AVENUE STE A WINTER PARK, FL 32789			Mailing Address 2693 WEST FAIRBANKS AVENUE STE A WINTER PARK, FL 32789										
2. Principal Place of Business		3. Mailing Address											
Suite, Apt. #, etc.		Suite, Apt. #, etc.											
City & State		City & State		4. FEI Number 56-2289154									
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required									
6. Name and Address of Current Registered Agent HERRING, LARRY J 2695 W FAIRBANKS AVE STE A WINTER PARK, FL 32789			7. Name and Address of New Registered Agent <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 2px;">Name</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Street Address (P.O. Box Number is Not Acceptable)</td> </tr> <tr> <td colspan="2" style="padding: 2px;">2693 W FAIRBANKS AVE STE A</td> </tr> <tr> <td style="padding: 2px;">City</td> <td style="padding: 2px;">FL Zip Code</td> </tr> </table>			Name		Street Address (P.O. Box Number is Not Acceptable)		2693 W FAIRBANKS AVE STE A		City	FL Zip Code
Name													
Street Address (P.O. Box Number is Not Acceptable)													
2693 W FAIRBANKS AVE STE A													
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____													
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State											
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES										
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition									
NAME	HERRING, LARRY		NAME										
STREET ADDRESS	2693 W FAIRBANKS AVE STE A		STREET ADDRESS										
CITY-ST-ZIP	WINTER PARK, FL 32789		CITY-ST-ZIP										
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition									
NAME	SWISHER, RICHARD		NAME										
STREET ADDRESS	1009 ANCHORAGE CT		STREET ADDRESS										
CITY-ST-ZIP	WINTER PARK, FL 32789		CITY-ST-ZIP										
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition									
NAME	PASSALACQUA, JOSEPH J		NAME										
STREET ADDRESS	275 STIRLING AVE		STREET ADDRESS										
CITY-ST-ZIP	WINTER PARK, FL 32789		CITY-ST-ZIP										
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition									
NAME			NAME										
STREET ADDRESS			STREET ADDRESS										
CITY-ST-ZIP			CITY-ST-ZIP										
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STREET ADDRESS			STREET ADDRESS										
CITY-ST-ZIP			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.													
LARRY J. HERRING, MANAGING MEMBER													
SIGNATURE: <i>Larry J. Herring</i>			4/24/04 407-647-7777										
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #										