

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 27, 2005 08:00 AM**  
**Secretary of State**

**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**



01132005No Chg-LLC CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>56-2289154</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**HERRING, LARRY J  
2693 W. FAIRBANKS AVE., SUITE A  
WINTER PARK, FL 32789**

**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, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	HERRING, LARRY
STREET ADDRESS	2693 W FAIRBANKS AVE STE A
CITY- ST- ZIP	WINTER PARK, FL 32789

TITLE	MGRM
NAME	SWISHER, RICHARD
STREET ADDRESS	1009 ANCHORAGE CT
CITY- ST- ZIP	WINTER PARK, FL 32789

TITLE	MGRM
NAME	PASSALACQUA, JOSEPH J
STREET ADDRESS	275 STIRLING AVE
CITY- ST- ZIP	WINTER PARK, FL 32789

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

U00000200340  
01/28/05-80021-022 50.00

**DO NOT WRITE  
IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

*Larry J. Herring* **LARRY J. HERRING** 1/23/05 647-7777