

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90116 032 ****50.00

DOCUMENT # L02000027155

1. Entity Name

HALF VENTURES OF FLORIDA, LLC



Principal Place of Business

C/O DANIEL HUGHES, P.A.
3000 N FEDERAL HIGHWAY BLDG 2 S ST
FORT LAUDERDALE FL 33306

Mailing Address

C/O DANIEL HUGHES, P.A.
3000 N FEDERAL HIGHWAY BLDG 2 S ST
FORT LAUDERDALE FL 33306

24062761



MOORE CR2E083 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 01-0749290

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HUGHES, M. DANIEL P.A.
3000 NORTH FEDERAL HIGHWAY BLDG 2 SOUTH
STE. 200
FORT LAUDERDALE FL 33306

Name

Street Address (P.O. Box Number is Not Acceptable)

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE PD
NAME PERLCAB, MICHAEL I
STREET ADDRESS 5100 N OCEAN BLVD APT 205
CITY-ST-ZIP FT LAUDERDALE FL 33300 ☐ Delete

TITLE PD
NAME Arker, Michael Ira
STREET ADDRESS 5100 N OCEAN BLVD (205)
CITY-ST-ZIP LAUDERDALE FL 33308 ☒ Change ☐ Addition

TITLE VD
NAME MATISON, TAMARA
STREET ADDRESS 12240 PEON FOREST DRIVE
CITY-ST-ZIP DALLAS TX 75230 ☐ Delete

TITLE
NAME TAMARA, MATISON
STREET ADDRESS 12240 PEON FOREST DRIVE
CITY-ST-ZIP DALLAS TX 75230 ☒ Change ☐ Addition

TITLE SD
NAME HAMILTON, THOMAS
STREET ADDRESS 800 CARRIAGE CT
CITY-ST-ZIP SOUTHLAKE TX 76092 ☐ Delete

TITLE
NAME JAMES HAMILTON
STREET ADDRESS 800 CARRIAGE CT
CITY-ST-ZIP SOUTHLAKE TX ☒ Change ☐ Addition

TITLE TD
NAME LAMOTH, GILL
STREET ADDRESS 5100 N OCEAN BLVD 305
CITY-ST-ZIP FORT LAUDERDALE FL 33308 ☐ Delete

TITLE
NAME Dillon Partnership LLC
STREET ADDRESS 509 BRYON COURT
CITY-ST-ZIP IRVING TX 75038 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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]

4/28/2004

954-816-2213

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #