

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 04, 2007 08:00 A
Secretary of State

DOCUMENT # L02000027155

1. Entity Name

HALF VENTURES OF FLORIDA, LLC



Principal Place of Business

Mailing Address

C/O DANIEL HUGHES, P.A.
4245 N OCEAN DRIVE
LAUDERDALE BY THE SEA FL 33308

C/O DANIEL HUGHES, P.A.
5100 N OCEAN BLVD #205
LAUDERDALE BY THE SEA FL 33308



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/06)

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, 2007

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE PD ☐ Delete
NAME ARKER, MICHAEL I
STREET ADDRESS 5100 N. OCEAN BLVD (205)
CITY-ST-ZIP FT LAUDERDALE FL 33300

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 000000761427
CITY-ST-ZIP 05/25/07-80053-014 50.00

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

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

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

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

TITLE TD ☐ Delete
NAME DILLON PARTNERSHIP LLC
STREET ADDRESS 509 BRYON COURT
CITY-ST-ZIP IRVING TX 75038

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

Michael Arker

4/20/07

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

Date

Daytime Phone #