

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000008175

FILED
Jan 24, 2005
Secretary of State

Entity Name: HALIFAX CAPITAL MANAGEMENT, LLC

Current Principal Place of Business:

1316 WICKLOW LANE
ORMOND BEACH, FL 32174

New Principal Place of Business:

Current Mailing Address:

1316 WICKLOW LANE
ORMOND BEACH, FL 32174

New Mailing Address:

FEI Number: 37-1468794

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LANDRY, ROBERT E
1316 WICKLOW LANE
ORMOND BEACH, FL 32174 US

Name and Address of New Registered Agent:

LANDRY, ROBERT E MGRM
1316 WICKLOW LANE
ORMOND BEACH, FL 32174 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: ROBERT E LANDRY

01/24/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: LANDRY, ROBERT E
Address: 1316 WICKLOW LANE
City-St-Zip: ORMOND BEACH, FL 32174

Title: MGR () Delete
Name: LACKEY, E. STEPHEN
Address: P.O. BOX 731508
City-St-Zip: ORMOND BEACH, FL 32173

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: LANDRY, ROBERT E
Address: 1316 WICKLOW LANE
City-St-Zip: ORMOND BEACH, FL 32174

Title: MGRM (X) Change () Addition
Name: NAY, THOMAS E
Address: 1345 WICKLOW LANE
City-St-Zip: ORMOND BEACH, FL 32174

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: ROBERT E LANDRY

MGRM

01/24/2005

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