

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000013283

Entity Name: HALCYON LLC

FILED
Jan 12, 2005
Secretary of State

Current Principal Place of Business:

8930 STATE ROAD 84
197
DAVIE, FL 33324

New Principal Place of Business:

Current Mailing Address:

8930 STATE ROAD 84
197
DAVIE, FL 33324

New Mailing Address:

FEI Number: 05-0567055

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRIFFIN, JENNIFER S
8930 STATE ROAD 84
197
DAVIE, FL 33324 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: THORUP, KAI B
Address: 8930 STATE ROAD 84, #197
City-St-Zip: DAVIE, FL 33324

Title: MGRM () Delete
Name: THORUP, SHERRY
Address: 8930 STATE ROAD 84, #197
City-St-Zip: DAVIE, FL 33324

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Change (X) Addition
Name: GRIFFIN, JENNIFER S
Address: 8930 STATE RD 84 #197
City-St-Zip: DAVIE, FL 33324

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: KAI B THORUP

MGRM

01/12/2005

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