

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000013882

1. Entity Name
HALLANDALE HACIENDA PARTNERS L.L.C.



Principal Place of Business
815 NW 57TH AVENUE
405
MIAMI, FL 33126

Mailing Address
815 NW 57TH AVENUE
405
MIAMI, FL 33126



01212005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
04-3752784

Applied For
Not Applicable

5. Certificate of Status Desired



**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

ESPINOSA, PATRICIA O ESQ
815 NW 57TH AVENUE STE. 405
MIAMI, FL 33126

**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

(Not required if Agent signature required when reinstating)

DATE

1/30/05

Filing Fee is \$50.00
Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS

| | |
|-----------------------|---|
| TITLE | MGRM |
| NAME | HACIENDA HOLDINGS LLC |
| STREET ADDRESS | 815 NW 57 AVE SUITE 405 |
| CITY-ST-ZIP | MIAMI, FL 33126 |
| TITLE | MGRM |
| NAME | MAR REAL ESTATE HOLDINGS, L.L.C. |
| STREET ADDRESS | 815 NW 57TH AVENUE |
| CITY-ST-ZIP | MIAMI, FL 33126 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

11000000194305
01/25/05-80096-004 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]

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

DATE

Daytime Phone #

1/30/05

305 266-1162