2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2009
Secretary of State

DOCUMENT# L03000017797

Entity Name: HALF VENTURES DEVELOPMENT OF FLORIDA, LLC

Current Principal Place of Business:

5100 NORTH OCEAN BOULEVARD #205
FORT LAUDERDALE, FL 33308

New Principal Place of Business:

Current Mailing Address:

5100 NORTH OCEAN BOULEVARD #205
FORT LAUDERDALE, FL 33308

New Mailing Address:

FEI Number: 11-3716585 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HUGHES, M. DANIEL
3000 NORTH FEDERAL HIGHWAY BLDG TWO SOUTH
STE. 200
FORT LAUDERDALE, FL 33306 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/MANAGERS:

Title:	PTD	( ) Delete
Name:	ARKER, MICHAEL I	
Address:	5100 N. OCEAN BLVD APT 205	
City-St-Zip:	FORT LAUDERDALE, FL 33308	
Title:	VD	( ) Delete
Name:	MATTISON, TAMARA G	
Address:	12240 PECAN FOREST DRIVE	
City-St-Zip:	DALLAS, TX 75230	
Title:	SD	( ) Delete
Name:	HAMILTON, JAMES	
Address:	800 CARRIAGE COUNT	
City-St-Zip:	ATASCOSA, TX 78002	
Title:	TD	( ) Delete
Name:	DILLON PARTNERSHIP LLC	
Address:	509 BRYON COURT	
City-St-Zip:	IRVING, TX 75038	

ADDITIONS/CHANGES:

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: MICHAEL ARKER P 04/24/2009

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