

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90029 013 ****50.00

24046438



DOCUMENT # L03000019134 1. Entity Name HA-LEN MURRIETA SPRINGS, L.L.C.					
Principal Place of Business 1428 BRICKEL AVENUE, STE. 105 MIAMI, FL 33131			Mailing Address 1428 BRICKEL AVENUE, STE. 105 MIAMI, FL 33131		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 41-2101415	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent M & W AGENTS, INC. 2101 CORPORATE BLVD., STE. 107 BOCA RATON, FL 33431			7. Name and Address of New Registered Agent Name HALGLENN CORP. Street Address (P.O. Box Number is Not Acceptable) 1428 BRICKELL AVE. STE 105 City MIAMI FL Zip Code 33131-3409		
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. <div style="display: flex; justify-content: space-between;"> <div> SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div> HALGLENN CORP. Ernest M. Halpryn, President </div> <div> 04/07/2004 <small>DATE</small> </div> </div>					
Filing Fee is \$50.00 Due by May 1, 2004			Make check payable to Florida Department of State		
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER HALGLENN CORP. 1428 BRICKELL AVE. STE 105 MIAMI FL 33131-3409	
			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
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.					
BY: Ernest M. Halpryn, President (305) 371-4112					
SIGNATURE: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					
<small>Date Daytime Phone #</small>					