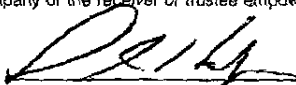


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 17, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000019223						
1. Entity Name HA-LEN KINGS SAVANNAH, L.L.C.						
Principal Place of Business 1428 BRICKELL AVENUE, SUITE 105 MIAMI, FL 33131	Mailing Address 1428 BRICKELL AVENUE, SUITE 105 MIAMI, FL 33131	 02012006 No Chg-LLC CR2E083 (11/05) <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 60%; padding: 2px;">4. FEI Number 26-1135273</td><td style="width: 40%; padding: 2px;">Applied For Not Applicable</td></tr><tr><td colspan="2" style="padding: 2px;">5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required</td></tr></table>	4. FEI Number 26-1135273	Applied For Not Applicable	5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
4. FEI Number 26-1135273	Applied For Not Applicable					
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required						
DO NOT WRITE IN THIS SPACE						
6. Name and Address of Current Registered Agent M & W AGENTS, INC. 2101 CORPORATE BLVD., SUITE 107 BOCA RATON, FL 33431		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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____ Signature, typed or printed name of registered agent and title if applicable.						
Filing Fee is \$50.00 Due by May 1, 2006						
9. MANAGING MEMBERS/MANAGERS		000000471675 03/29/06 80006-008 50.00 DO NOT WRITE IN THIS SPACE				
TITLE	MGRM					
NAME	HALPRYN, GLENN L.					
STREET ADDRESS	1428 BRICKELL AVE. STE. 105					
CITY-ST-ZIP	MIAMI, FL					
TITLE						
NAME						
STREET ADDRESS						
CITY-ST-ZIP						
TITLE						
NAME						
STREET ADDRESS						
CITY-ST-ZIP						
TITLE						
NAME						
STREET ADDRESS						
CITY-ST-ZIP						
TITLE						
NAME						
STREET ADDRESS						
CITY-ST-ZIP						
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  GLENN L. HALPRYN, MANAGER 02/06/2006 (305) 371-4112						
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		Date				
Daytime Phone #						