

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 04, 2007 08:00 AM
Secretary of State

DOCUMENT # L03000024384 1. Entity Name HP6650 PARTNERS, LLC	
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Principal Place of Business 6675 CORPORATE CENTER PARKWAY SUITE 100 JACKSONVILLE, FL 32216	Mailing Address 6675 CORPORATE CENTER PARKWAY SUITE 100 JACKSONVILLE, FL 32216
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01032007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 74-3097839	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent HALLMARK PARTNERS, INC. 6675 CORPORATE CENTER PARKWAY SUITE 100 JACKSONVILLE, FL 32216
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**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 reinstating) _____ DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HALLMARK PARTNERS, INC. 6675 CORPORATE CENTER PKWY, STE 100 JACKSONVILLE, FL 32216
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IN THIS SPACE**

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: _____

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

Date

Daytime Phone #