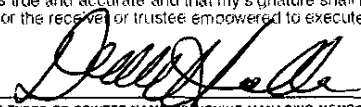


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 11, 2004 8:00 am
Secretary of State

02-11-2004 90209 021 ****50.00

DOCUMENT # L03000039153					
1. Entity Name HALLAC PROPERTIES, LLC					
Principal Place of Business 430 THIRD AVENUE INDIALANTIC, FL 32903			Mailing Address 430 THIRD AVENUE INDIALANTIC, FL 32903		
2. Principal Place of Business 430 Third Ave		3. Mailing Address 430 Third Ave			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Indialantic, FL		City & State Indialantic, FL		4. FEI Number 42-1606428	
Zip 32903		Country USA		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent HALLAC, DAVID E 430 THIRD AVENUE INDIALANTIC, FL 32903			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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). (NOTE: Registered Agent signature required when registering.) DATE _____					
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	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition	
_____			MGRM Hallac, David E. 430 Third Ave. Indialantic, FL 32903		
_____			MGRM Hallac, Ralph, R. 67 Farview Rd. Tenafly, NJ 07670		
_____			_____		
_____			_____		
_____			_____		
_____			_____		
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: 			2/7/04 759-3566		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					