

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000039153

Entity Name: HALLAC PROPERTIES, LLC

FILED
Mar 23, 2007
Secretary of State

Current Principal Place of Business:

DAVID HALLAC
7600 SW 165TH TERR.
PALMETTO BAY, FL 33157

New Principal Place of Business:

Current Mailing Address:

DAVID HALLAC
7600 SW 165TH TERR.
PALMETTO BAY, FL 33157

New Mailing Address:

FEI Number: 42-1606428

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HALLAC, DAVID E
7600 SW 165TH TER
PALMETTO BAY, FL 33157 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: MGRM () Delete
Name: HALLAC, DAVID E
Address: 7600 SW 165TH TER
City-St-Zip: PALMETTO BAY, FL 33157

Title: MGRM () Delete
Name: HALLAC, RALPH R
Address: 67 FARVIEW RD.
City-St-Zip: TENAFLY, NJ 07670

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: HALLAC, RALPH R
Address: 44 MARINER'S COVE
City-St-Zip: EDGEWATER, NJ 07020

Title: T () Change (X) Addition
Name: HALLAC, ROBIN J
Address: 7600 SW 165 TER
City-St-Zip: PALMETTO BAY, FL 33157

I hereby certify that the information supplied with this filing does not qualify for the 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: DAVID E. HALLAC

MGRM

03/23/2007

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