2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2009
Secretary of State

DOCUMENT# L03000039153

Entity Name: HALLAC PROPERTIES, LLC

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: 44 MARINER'S COVE
City-St-Zip: EDGEWATER, NJ 07020

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

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change ( ) Addition
Name: HALLAC, RALPH R
Address: 621 GONDOLIERE AVE
City-St-Zip: CORAL GABLES, FL 33143

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

I hereby certify that the information supplied with this filing does not qualify 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 04/26/2009

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