


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 18, 2007 8:00 am
Secretary of State

01-18-2007 90019 026 ****50.00

DOCUMENT # L03000045503	
1. Entity Name HALE 580 US1, LLC	

Principal Place of Business PO BOX 700217 WABASSO, FL 32970	Mailing Address PO BOX 700217 ATTN: SUSAN HALE WABASSO, FL 32970
---	---

2. Principal Place of Business - No P.O. Box # 8965 PALM BREEZE TERRACE	3. Mailing Address P.O. BOX 700247
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State VERO BEACH, FL	City & State WABASSO, FL
Zip 32963	Country U.S.
Zip 32970	Country U.S.

01052007 Chg-LLC CR2E083 (12/06)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
---------------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
---	--------------------------------

6. Name and Address of Current Registered Agent HALE, SUSAN B 9255 NORTH UNITED STATES HIGHWAY ONE WABASSO, FL 32970	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 8965 PALM BREEZE TERRACE City VERO BEACH FL Zip Code 32963
---	---

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 <u>Susan B. Hale</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE <u>1-10-07</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>

Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
---	--

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HALE, SUSAN PO BOX 700217 WABASSO, FL 32970 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P.O. BOX 700247 WABASSO, FL 32970
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HALE, A. DEXTER 305 HYLANDE DR. GREAT FALLS, MT 59405 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <u>Susan B. Hale</u> SUSAN B. HALE		Date <u>1/10/07</u>	Daytime Phone # <u>(772) 231-9519</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			