

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000000705

FILED
Mar 31, 2005
Secretary of State

Entity Name: HALIFAX FUNERAL PROPERTIES, LLC

Current Principal Place of Business:

1210 JOHN ANDERSON DRIVE
ORMOND BEACH, FL 32176

New Principal Place of Business:

Current Mailing Address:

1210 JOHN ANDERSON DRIVE
ORMOND BEACH, FL 32176

New Mailing Address:

FEI Number: 59-3479181

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOHMAN, LOWELL
1210 JOHN ANDERSON DRIVE
ORMOND BEACH, FL 32176 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/MEMBERS:

Title: P () Delete
Name: LOHMAN, LOWELL
Address: 1210 JOHN ANDERSON DR.
City-St-Zip: ORMOND BEACH, FL 32176

Title: P () Delete
Name: LOHMAN, NANCY
Address: 1210 JOHN ANDERSON DR.
City-St-Zip: ORMOND BEACH, FL 32176

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: LOHMAN, LOWELL
Address: 1210 JOHN ANDERSON DR.
City-St-Zip: ORMOND BEACH, FL 32176

Title: MGR (X) Change () Addition
Name: LOHMAN, NANCY
Address: 1210 JOHN ANDERSON DR.
City-St-Zip: ORMOND BEACH, FL 32176

I hereby certify that the information supplied with this filing does not qualify for the 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 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: NANCY LOHMAN

MGR

03/31/2005

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