2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jun 14, 2006 8:00 am
Secretary of State

05-05-2006 90024 006 ***150.00

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1. Entity Name

HALIFAX FUNERAL PROPERTIES, LLC

Principal Place of Business	Mailing Address
1210 JOHN ANDERSON DRIVE ORMOND BEACH FL 32176	1210 JOHN ANDERSON DRIVE ORMOND BEACH FL 32176

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

1st MOORE CR2E083 (10/05)

4. FEI Number 59-3479181 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LOHMAN, LOWELL 1210 JOHN ANDERSON DRIVE ORMOND BEACH FL 32176	Name: Nancy Lohman Street Address (P.O. Box Number is Not Acceptable): 1423 Bellevue Ave City: Daytona Beach FL Zip Code: 32114

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: Nancy Lohman — Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE: 3-1-06

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE: MGR NAME: LOHMAN, LOWELL STREET ADDRESS: 1210 JOHN ANDERSON DR. CITY-ST-ZIP: ORMOND BEACH FL 32176	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE: MGR NAME: LOHMAN, NANCY STREET ADDRESS: 1210 JOHN ANDERSON DR. CITY-ST-ZIP: ORMOND BEACH FL 32176	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Nancy Lohman, VP — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date: 6-10-06 — Daytime Phone #: (386) 673-7100