

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jul 18, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000018803**

1. Entity Name  
**HALE PROPERTIES LLC**



Principal Place of Business  
**3101 SW 34TH AVE., #905  
PMB#101  
OCALA, FL 34474**

Mailing Address  
**3101 SW 34TH AVE., #905  
PMB#101  
OCALA, FL 34474**



07152006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**43-2045249**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**BRACCIA, JUNE A  
5 JUNIPER TRAIL COURSE  
OCALA, FL 34480**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by September 6, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
BRACCIA, JUNE A  
5 JUNIPER TRAIL COURSE  
OCALA, FL 34480**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
KRAMER, MICHAEL J  
5 JUNIPER TRAIL COURSE  
OCALA, FL 34480**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000570926  
07/18/06-80016-007 50.00

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #