2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000018803



FILED Apr 17, 2007 8:00 am Secretary of State

HALE PROPERTIES LLC							04-17-2007 90257 007 ****50.00				
Principal Plac 3101 SW 34 PMB#101 OCALA, FL 3	TH AVE., #9		Mailing Address 3101 SW 34TH AVE., #905 PMB#101 OCALA, FL 34474			.	8 BEER BLAIN BENN ABNU BEN	FI 4866 1 (1 88 1 K	 	 1	
2. Principal Place of Business - No P.O. Box #			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			04142007	Chg-LLC	CR2E	83 (12/06)		
City & State			City & State			I	4. FEI Number Applied For 43-2045249 Not Applicable			`	
Zip	Zip Country		Zip Country		5. Certificate	5. Certificate of Status Desired \$5.00 Additional Fee Required					
6. Name and Address of Current F						7. Name and	7. Name and Address of New Registered Agent				
					Name						
BRACCIA, JUNE A 5 JUNIPER TRAIL COURSE OCALA, FL 34480					Street Addres	Street Address (P.O. Box Number is Not Acceptable)					
OCALA, FI	L 34400										
				City				FL	Zip Code		
	named entititions of regist		r the purpose of changing its	s register	ed office or regis	stered agent, or both	h, in the State of Fk	orida. I am	familiar with,	and accept	
SIGNATURE	Signature, typed	or printed name of registered agent	and title if applicable. (NOT	E: Registere	ed Agent signature requ	ulred when reinstating)		DATE			
Filing Fee is \$50.00 Due by May 1, 2007											
								e check p a Departm	ayable to ent of State	3	
										₽	
	ue by Ma		RS/MANAGERS	10.				a Departm	ent of State	e 	
9.	MGRM	y 1, 2007 MANAGING MEMBE	ERS/MANAGERS	TITL			Florida	a Departm	ent of State	e Addition	
9. TITLE NAME	MGRM BRACCIA	MANAGING MEMBE		TITL	IE .		Florida	a Departm	ent of State		
9. TITLE NAME STREET ADDRESS	MGRM BRACCIA 5 JUNIPE	MANAGING MEMBE A, JUNE A R TRAIL COURSE		TITL NAM STRI	IE EET ADDRESS		Florida	a Departm	ent of State		
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BRACCIA 5 JUNIPE OCALA, F	MANAGING MEMBE A, JUNE A R TRAIL COURSE	☐ Delete	TITL NAM STRI CITY	EET ADDRESS '-ST-ZIP		Florida	a Departm	ent of State	Addition	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MGRM BRACCIA 5 JUNIPE OCALA, F	MANAGING MEMBE A, JUNE A R TRAIL COURSE FL 34480		TITL NAM STRI CITY	EET ADDRESS '-ST-ZIP		Florida	a Departm	ent of State		
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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 so trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE AND TRACED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE