

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 03, 2005 8:00 am**  
**Secretary of State**

02-03-2005 90111 040 \*\*\*\*50.00

20007252



01062005 Chg-LLC CR2E083 (10/03)

4. FEI Number  
30-0243450

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

**DOCUMENT # L04000026671**

1. Entity Name  
HA-LEN FINANCE, L.L.C.



Principal Place of Business  
1428 BRICKELL AVENUE, SUITE 105  
MIAMI, FL 33131

Mailing Address  
1428 BRICKELL AVENUE, SUITE 105  
MIAMI, FL 33131

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

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

6. Name and Address of Current Registered Agent  
M & W AGENTS, INC.  
2101 CORPORATE BLVD., SUITE 107  
BOCA RATON, FL 33431

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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 May 1, 2005

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HA-LEN PLAYA VISTA, INC. 1428 BRICKELL AVENUE, #105 MIAMI, FL 33131-3409 <input type="checkbox"/> Change <input checked="" 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
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11. I hereby certify that the information supplied with this filing does not qualify 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 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.

Ha-Len Playa Vista, Inc.  
**SIGNATURE:** By: Glenn L. Halpryn President 01/25/2005 (305) 371-4112  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #