

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 17, 2006 08:00 AM
Secretary of State

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**



02012006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
30-0243450

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**M & W AGENTS, INC.
2101 CORPORATE BLVD., SUITE 107
BOCA RATON, FL 33431**

**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 May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	HA-LEN PLAYA VISTA, INC.
STREET ADDRESS	1428 BRICKELL AVENUE, #105
CITY-ST-ZIP	MIAMI, FL 331313409
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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CITY-ST-ZIP	

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03/23/06-80006-007 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.

HA-LEN PLAYA VISTA, INC.

SIGNATURE: BY: Glenn L. Halpryn GLENN L. HALPRYN, PRESIDENT 02/06/2006 (305) 371-4112

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

Date

Daytime Phone #