

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000061466

Entity Name: HALLEN HOLDINGS LLC

FILED
Sep 06, 2005
Secretary of State

Current Principal Place of Business:

730 WESTOVER PKWY
BARTOW, FL 33830

New Principal Place of Business:

3320 SHADY OAK DRIVE
LAKELAND, FL 33810

Current Mailing Address:

730 WESTOVER PKWY
BARTOW, FL 33830

New Mailing Address:

3320 SHADY OAK DRIVE
LAKELAND, FL 33810

FEI Number: 20-2061039 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

PARKERSON, HAL
730 WESTOVER PKWY
BARTOW, FL 33830 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PARKERSON, HAL
Address: 730 WESTOVER PKWY
City-St-Zip: BARTOW, FL 33830

Title: MGRM () Delete
Name: PARKERSON, ELLEN
Address: 730 WESTOVER PKWY
City-St-Zip: BARTOW, FL 33830

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: PARKERSON, HAL B MGRM
Address: 730 WESTOVER PKWY
City-St-Zip: BARTOW, FL 33830

Title: MGRM (X) Change () Addition
Name: PARKERSON, ELLEN T MGRM
Address: 730 WESTOVER PKWY
City-St-Zip: BARTOW, FL 33830

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: HAL B. PARKERSON

MGRM

09/06/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date