


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 07, 2005 8:00 am
Secretary of State

01-07-2005 90024 002 ****55.00

DOCUMENT # L04000073198 1. Entity Name HALL RANCH OF REVEILLE FARMS, LLC					
Principal Place of Business 24805 BARTRAM ROAD ASTOR, FL 32102			Mailing Address 24805 BARTRAM ROAD ASTOR, FL 32102		
2. Principal Place of Business 1245 MANDY LANE Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State ASTOR, FL		City & State _____		4. FEI Number 65-1234280	
Zip 32102		Country Volusia		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent HALL, JOHN E JR. 24805 BARTRAM ROAD ASTOR, FL 32102		7. Name and Address of New Registered Agent Name JON E. HALL JR. 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 <u><i>Jon Hall Jr.</i></u> PRES. DATE 1-3-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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 _____ <input type="checkbox"/> Delete NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____			TITLE Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Patricia HALL STREET ADDRESS 24805 Bartram Rd CITY-ST-ZIP ASTOR, FL 32102		
TITLE _____ <input type="checkbox"/> Delete NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____			TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____		
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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.					
SIGNATURE: <i>Jon Hall Jr.</i> Jon E. Hall Jr., Pres. 1/3/05 352-759-3913 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					

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