

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
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DOCUMENT # L04000091590					
1. Entity Name HALIFAX INVESTORS GROUP LLC <i>Halifax Investors Group LLC</i>					
Principal Place of Business 1515 RIDGEWOOD AVE A HOLLY HILL, FL 32117			Mailing Address 1515 RIDGEWOOD AVE A HOLLY HILL, FL 32117		
2. Principal Place of Business		3. Mailing Address		02042005 Chg-LLC CR2E083 (10/03)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FCI Number 20-2022209	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent LOGUIDICE, JOE 1515 RIDGEWOOD AVE A HOLLY HILL, FL 32117			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 <i>[Signature]</i> (NOTE: Registered Agent Signature required when reappointing) DATE 2/5/05					
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	MGR LOGUIDICE, JOE 1515 RIDGEWOOD AVE A HOLLY HILL, FL 32117	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR Esmirna Valdez 1515 Ridge Wood Ave Holly Hill, FL 32117	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR Mike Lewis	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MRS Steve Whitmer	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MRS Fred Hill MRS Travis White	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MRS Becky Bishop MRS Peter Loguidice	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MRS Mike Long MRS Robert Meyer	☐ Change ☒ Addition
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 appointed in this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: <i>[Signature]</i> Joe Loguidice DATE 2/5/05 (386) 304-1000					