

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Aug 29, 2008 8:00 am**  
**Secretary of State**

08-29-2008 90048 021 \*\*\*538.75

<b>DOCUMENT # L05000009811</b> 1. Entity Name <b>HALIFAX RIVER PARTNERS, L.L.C.</b>					
Principal Place of Business <b>2970 S. ATLANTIC AVE DAYTONA BEACH SHORES, FL 32118</b>				Mailing Address <b>2970 S. ATLANTIC AVE DAYTONA BEACH SHORES, FL 32118</b>	
2. Principal Place of Business - No P.O. Box # <b>444 Seabreeze Blvd.</b>		3. Mailing Address <b>Post Office Box 15200</b>			
Suite, Apt. #, etc. <b>Suite 900</b>		Suite, Apt. #, etc. 			
City & State <b>Daytona Beach, FL</b>		City & State <b>Daytona Beach, FL</b>		4. FEI Number <b>20-2357175</b>	
Zip <b>32118</b>		Country <b>USA</b>		Applied For Not Applicable	
Zip <b>32118</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>GOVE, WAYNE S 2970 S. ATLANTIC AVENUE DAYTONA BEACH SHORES, FL 22118</b>				7. Name and Address of New Registered Agent Name <b>Charles D. Hood, Jr.</b> Street Address (P.O. Box Number is Not Acceptable) <b>444 Seabreeze Blvd.</b> Suite 900 City <b>Daytona Beach</b> <b>FL</b> Zip Code <b>32118</b>	
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>Charles D. Hood, Jr.</u> DATE <u>08/28/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$538.75 Due by September 12, 2008</b>				<b>Make check payable to Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GOVE, WAYNE S 2970 S ATLANTIC AVE DAYTONA BEACH SHORES, FL 32218	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Charles D. Hood, Jr. 444 Seabreeze Blvd., Suite 900 Daytona Beach, FL 32118	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GUINDI, SHERIFF 2970 S ATLANTIC AVE DAYTONA BEACH SHORES, FL 32218	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Sheriff Guindi 720 S. Atlantic Ave. Ormond Beach, FL 32176	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Josif Atanasoski 1800 U.S. 1 North Ormond Beach, FL 32174	<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
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
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.					
<b>SIGNATURE: Charles D. Hood, Jr., Manager</b>				<b>08/28/08 386-254-6875</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				<small>Date Daytime Phone #</small>	