

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000027883

FILED
Aug 05, 2008
Secretary of State

Entity Name: HALF VENTURES BEACH DEVELOPMENT OF FLORIDA, LLC

Current Principal Place of Business:

5100 NORTH OCEAN BOULEVARD
APARTMENT 205
FORT LAUDERDALE, FL 33308

New Principal Place of Business:

Current Mailing Address:

5100 NORTH OCEAN BOULEVARD
APARTMENT 205
FORT LAUDERDALE, FL 33308

New Mailing Address:

FEI Number: 56-2664701 **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:

Name and Address of New Registered Agent:

M. DANIEL HUGHES, P.A.
3000 NORTH FEDERAL HIGHWAY
BUILDING TWO SOUTH, SUITE 200
FORT LAUDERDALE, FL 33306 US

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:

ADDITIONS/CHANGES:

Title: MGRM () Delete
Name: ARKER, MICHAEL I
Address: 5100 NORTH OCEAN BOULEVARD, #205
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Delete
Name: MATTISON, TAMARA G
Address: 5100 NORTH OCEAN BOULEVARD, #205
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Delete
Name: HAMILTON, JAMES
Address: 5100 NORTH OCEAN BOULEVARD, #205
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Delete
Name: DILLON PARTNERSHIP,, LLC
Address: 5100 NORTH OCEAN BOULEVARD, #205
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: MICHAEL ARKER

MGR

08/05/2008

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