2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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FILED
Jun 12, 2006 8:00 am
Secretary of State

05-05-2006 90032 036 ****50.00

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1. Entity Name

DEAN HALLAUER PROPERTIES, L.L.C.

Principal Place of Business	Mailing Address
4751 DISTRIBUTION COURT, UNIT 10 ORLANDO FL 32822	4751 DISTRIBUTION COURT, UNIT 10 ORLANDO FL 32822

1st MOORE CR2E083 (10/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc. 19020 Ralston St
City & State	City & State Orlando Fla
Zip / Country	Zip 32833 / Country Orange

4. FEI Number 20-3590131 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
STEPHAN, REINHARD G 2015 W S.R. 434 LONGWOOD FL 32779	Name DAN R. HALLAUER Street Address (P.O. Box Number is Not Acceptable) 19020 RALSTON St City Orlando FL Zip Code 32833

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 Dan R Hallauer 4/25/06

Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when resigning) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ☐ Delete HALLAUER, DAN 4751 DISTRIBUTION COURT, UNIT 10 ORLANDO FL 32822	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATURE Dan R Hallauer DAN R. HALLAUER 4/25/06 407 568 5237

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Title Daytime Phone #