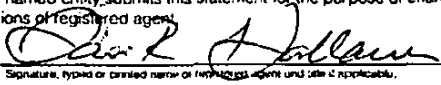


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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

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

DOCUMENT # L05000051373					
1. Entity Name DEAN HALLAUER PROPERTIES, L.L.C.					
Principal Place of Business 4751 DISTRIBUTION COURT, UNIT 10 ORLANDO FL 32822			Mailing Address 4751 DISTRIBUTION COURT, UNIT 10 ORLANDO FL 32822		
2. Principal Place of Business			3. Mailing Address DAN R. HALLAUER		
Suite, Apt. #, etc.			Suite, Apt. #, etc. 19020 RAISTON ST		
City & State Orlando FLA			City & State Orlando FLA		
Zip 32833	Country	Zip 32833	Country Orange	4. FEI Number 20-3590131	
				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$5.00 Additional Fee Required	
8. Name and Address of Current Registered Agent STEPHAN, REINHARD G 2015 W.S.R. 434 LONGWOOD FL 32779			7. Name and Address of New Registered Agent Name DAN R. HALLAUER Street Address (P.O. Box Number is Not Acceptable) 19020 RAISTON ST City Orlando State 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  DATE 4/25/06 Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reconstituting)					
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 HALLAUER, DAN 4751 DISTRIBUTION COURT, UNIT 10 ORLANDO FL 32822	☐ 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
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 DATE 4/25/06 DAYTIME PHONE 407 568 5737 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					