2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jun 12, 2006 8:00 am
Secretary of State
05-05-2006 90032 036 ****50.00

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DOCUMENT # L05000051373

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	
		DAN R. HALLAUER	
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

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 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 [signature] DATE 4/25/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	MGRM	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	HALLAUER, DAN		NAME		
STREET ADDRESS	4751 DISTRIBUTION COURT, UNIT 10		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32822		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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 [signature] DAN R. HALLAUER 4/25/06 4075685237
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #