2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

## FILED Apr 27, 2007 08:00 AM Secretary of State DOCUMENT # L05000051373 1. Entity Name DEAN HALLAUER PROPERTIES, L.L.C. Principal Place of Business Mailing Address 4751 DISTRIBUTION COURT, UNIT 10 DAN R. HALLAUER 19020 RALSTOR ST ORLANDO FL 32833 ORLANDO FL 32822 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc Suite, Apt #, etc. 1st MOORE CR2E083 (10/06) City & State City & State 4. FEI Numbor Applied For 20-3590131 Not Applicable Zip Country Ζ<sub>P</sub> Country \$5.00 Additional 5. Certificate of Status Dosired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HALLAUER, DAN R 19020 RALSTON ST Stroet Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32833 Zip Code 8. The above named ontity 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, typed or printed name of registered agent and title 4 applicable (NOTE: Registered Agent signature required when reinstailing) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES Addition Change 11111 MGRM ☐ Delete TOTE U00000737828 05/11/07-80042-024 50.00 NAMI: NAM HALLAUER, DAN STRUET ADDRESS STREET ADDRESS 4751 DISTRIBUTION COURT, UNIT 10 CHY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32822 1011 THE ☐ Change Addition Delete NAM NAMI STREET ADDRESS STREET ADORESS CHY-ST-7P CHY-ST-7IP ☐ Change TITLE ☐ Defete THILE Addition NAME NAME STREET ADDRESS STRUET ADDRESS CITY - ST - 7IP CHY-ST-ZIP DILLE ☐ Change Addillon Delete HITT NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete mu Change ■ Addition STREET ADDRESS STREET ADDRESS CHY-SI-ZIP CHY-ST-7P шЕ ☐ Change ☐ Addition Delete ши NAME NAMI STREET ADDRESS STREET ADDRESS CITY-S1-ZIP

SIGNATURE: 4/24/07 40746762

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNANG MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Dispute Phone 4

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 eath; 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.