2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 29, 2008
Secretary of State

DOCUMENT# L05000062802

Entity Name: HALCYON PROPERTIES, LLC

Current Principal Place of Business:

3142 BAYSHORE OAKS DRIVE
TAMPA, FL 33611

New Principal Place of Business:

Current Mailing Address:

3142 BAYSHORE OAKS DRIVE
TAMPA, FL 33611

New Mailing Address:

FEI Number: 81-0675424 **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:

MOORE, JOSEPH
3142 BAYSHORE OAKS DRIVE
TAMPA, FL 33611 US

Name and Address of New Registered Agent:

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:

Title: MR ( ) Delete
Name: CONROY, JAY
Address: 401 EAST DOUGLAS RD
City-St-Zip: OLDSMAR, FL 34677 US

Title: MR ( ) Delete
Name: KONDROTAS, DAMIAN
Address: 931 WOODBRIDGE COURT
City-St-Zip: SAFTY HARBOR, FL 34695 US

Title: MR ( ) Delete
Name: JAMES, CLIFTON
Address: 3142 BAYSHORE OAKS DR
City-St-Zip: TAMPA, FL 33611 US

ADDITIONS/CHANGES:

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

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

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: JOSEPH B MOORE MR. 07/29/2008

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