


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 28, 2008 8:00 am**  
**Secretary of State**

01-28-2008 90071 001 \*\*\*138.75

**DOCUMENT # L05000083687**

1. Entity Name  
**HALI II, LLC**



Principal Place of Business      Mailing Address  
 2699 STIRLING ROAD, SUITE C-307      2699 STIRLING ROAD, SUITE C-307  
 FORT LAUDERDALE, FL 33312      FORT LAUDERDALE, FL 33312

2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
**1776 N. Pine Island Rd**      **1776 N. Pine IS Rd**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**# 118**      **# 118**

City & State      City & State  
**Plantation, FL**      **Plantation FL**  
 Zip      Country      Zip      Country  
**33322**      **USA**      **33322**      **USA**

01232008      Chg-LLC      CR2E083 (12/06)

4. FEI Number      Applied For  
**20-3375783**      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

**ELKIN, STEVEN C ESQ.**  
**FRANK, WEINBERG & BLACK, P.L.**  
**7805 S.W. 6TH COURT**  
**PLANTATION, FL 33324**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

**Make check payable to**  
**Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>BLEIER, HENRY</b> <b>2699 STIRLING RD C-307</b> <b>FORT LAUDERDALE, FL 33312</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Bleier, Henry</b> <b>1776 N. Pine IS Rd # 118</b> <b>Plantation, FL 33322</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>JAMIESON, LIGIA</b> <b>1901 W OCEAN BLVD PH-A</b> <b>FORT LAUDERDALE, FL 33305</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>DOPPERT, PHYLLIS</b> <b>75 900 VARDON WAY</b> <b>PALM DESERT, CA 92211</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: *Henry Bleier*      Date: 1/24/08      Daytime Phone #: 954-963-1944

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