

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000103160

FILED
Sep 14, 2009
Secretary of State

Entity Name: HALO INVESTMENT PROPERTIES LLC

Current Principal Place of Business:

2909 SUNBITTERN CT.
WINDERMERE, FL 34786 US

New Principal Place of Business:

100 LIVE OAK ROAD
WINTER GARDEN, FL 34787 US

Current Mailing Address:

PO BOX 897
WINDERMERE, FL 34786 US

New Mailing Address:

PO BOX 494
OAKLAND, FL 34760 US

FEI Number: 04-3829923

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OAKLEY, MIKAEL S
2909 SUNBITTERN CT
WINDERMERE, FL 34786 US

Name and Address of New Registered Agent:

OAKLEY, MIKAEL S
100 LIVE OAK ROAD
WINTER GARDEN, FL 34760 US

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: MIKAEL SEAN OAKLEY

09/14/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: OAKLEY, MIKAEL S
Address: 2909 SUNBITTERN CT
City-St-Zip: WINDERMERE, FL 34786

Title: MGR (X) Delete
Name: OAKLEY, DONNA B
Address: 2909 SUNBITTERN CT
City-St-Zip: WINDERMERE, FL 34786

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: OAKLEY, MIKAEL S
Address: 100 LIVE OAK ROAD
City-St-Zip: WINTER GARDEN, FL 34760

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: MIKAEL SEAN OAKLEY

MGR

09/14/2009

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