


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jul 18, 2008 8:00 am**  
**Secretary of State**

04-30-2008 90020 022 \*\*\*\*25.00  
07-18-2008 90051 001 \*\*\*113.75

<b>DOCUMENT # L05000106234</b> 1. Entity Name <b>HALLOWES BUSINESS FORMS, LLC</b>	
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Principal Place of Business <b>4627 LONG BOW ROAD SOUTH JACKSONVILLE, FL 32210</b>	Mailing Address <b>4627 LONG BOW ROAD SOUTH JACKSONVILLE, FL 32210</b>
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**DO NOT WRITE IN THIS SPACE**



01162008No Chg-LLC

CR2E083 (12/07)

4. FEI Number <b>20-3793194</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  
**HALLOWES, WILLIAM C  
4627 LONG BOW ROAD SOUTH  
JACKSONVILLE, FL 32210**

**DO NOT WRITE  
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

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

8. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM HALLOWES, WILLIAM C 4627 LONG BOW ROAD SOUTH JACKSONVILLE, FL 32210</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM HALLOWES, MARTHA H 4627 LONG BOW ROAD SOUTH JACKSONVILLE, FL 32210</b>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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: William C Hallows 4/14/08 (904) 635-7641  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #