2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE: A CUALLA JACUA INDEPENDENT OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED Apr 16, 2007 08:00 Al Secretary of State

Daytime Phone #

DOCUMENT # L05000113282 1. Entity Name HALLSOL L.L.C				Secr	etary of Sta
Principal Place of Business		Mailing Address			
3438 NE 210 TERRACE Miami, FL 33180 US		2645 FILLMORE ST HOLLYWOOD, FL 33020			
					787 (KIR (KR) (SK) KJ) (K) (K)
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			<u> </u>
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03302007 Chg-LLC CR	2E083 (12/06)
City & State		City & State		4. FEI Number 20-4438147	Applied For Not Applicable
Žip	Country .	Zip	Country .	5. Certificate of Status Desired	\$5.00 Additional Fee Required
	6. Name and Address of Current R	legistered Agent	Name	7. Name and Address of New Register	red Agent
MALDONADO, ROSEMARY			Name		
2645 FILL!	MORE ST DOD, FL 33020		Street Address (P.O. Box Number is Not Acceptable)		
110221110	700,112 30020				
			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.					
4/9/07					
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$50.00 Due by May 1, 2007			City State		ck payable to
9.	MANAGING MEMBER		110.	ADDITIONS/CHAN	
TITLE NAME	MGRM SOLANO, GLORIA M	☐ Delete	TITLE NAME		Change
STREET ADDRESS	3438 NE 210 TERRACE		STREET ADDRESS	U00000703	
CITY-ST-ZIP	MIAMI, FL 33180		CITY-ST-ZIP	04/25/07-800	015-004 50.00
TITLE NAME	MGRM SOLANO, ADRIANA	☐ Delete	TITLE NAME		☐ Change ☐ Addition
STREET ADDRESS	19999 EAST COUNTRY CLUB DI	RIVE	STREET ADDRESS		
CITY-ST-ZIP TITLE	AVENTURA, FL 33180	☐ Delete	CITY-ST-ZIP TITLE		☐ Change ☐ Addition
NAME		La Delete	NAME		
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
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TITLE		☐ Delete	TITLE		Change Addition
NAME			NAME STREET ADDRESS -		
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP	* ***	A A A A A A A A A A A A A A A A A A A
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.					