

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000122181

FILED
Feb 03, 2009
Secretary of State

Entity Name: HALLANDALE OASIS MANAGEMENT, LLC

Current Principal Place of Business:

1140 EAST HALLANDALE BEACH BOULEVARD
HALLANDALE, FL 33009 US

New Principal Place of Business:

Current Mailing Address:

1140 EAST HALLANDALE BEACH BOULEVARD
HALLANDALE, FL 33009 US

New Mailing Address:

FEI Number: 20-4032998

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BENTATA, ARIEL
1140 EAST HALLANDALE BEACH
HALLANDALE, FL 33009 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: MGR () Delete
Name: BENTATA, ARIEL
Address: 1140 EAST HALLANDALE BEACH
City-St-Zip: HALLANDALE, FL 33009 US

Title: MGR () Delete
Name: CHIOUNARD, FRED
Address: 407 OCEAN BLVD.
City-St-Zip: GOLDEN BEACH, FL 33160 US

Title: MGR () Delete
Name: CLAUDIO, DOMBEY
Address: 1140 EAST HALLANDALE BEACH BLVD.
City-St-Zip: HALLANDALE BEACH, FL 33009 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: ARIEL BENTATA

MGR

02/03/2009

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