

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000000360

FILED
Apr 09, 2008
Secretary of State

Entity Name: APRIL MARIE HALSEY RECOVERY AND RESTORATION FUND, L.L.C.

Current Principal Place of Business:

3323 CYPRESS LANDING DRIVE
VALRICO, FL 33594

New Principal Place of Business:

3323 CYPRESS LANDING DRIVE
VALRICO, FL 33596

Current Mailing Address:

3323 CYPRESS LANDING DRIVE
VALRICO, FL 33594

New Mailing Address:

3323 CYPRESS LANDING DRIVE
VALRICO, FL 33596

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GASSMAN, ALAN S
1245 COURT STREET, SUITE 102
CLEARWATER, FL 33756 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: HALSEY, ALAN B
Address: 3323 CYPRESS LANDING DRIVE
City-St-Zip: VALRICO, FL 33594

Title: MGR () Delete
Name: HALSEY, RHONDA C
Address: 3323 CYPRESS LANDING DRIVE
City-St-Zip: VALRICO, FL 33594

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: HALSEY, ALAN B
Address: 3323 CYPRESS LANDING DRIVE
City-St-Zip: VALRICO, FL 33596

Title: MGR (X) Change () Addition
Name: HALSEY, RHONDA C
Address: 3323 CYPRESS LANDING DRIVE
City-St-Zip: VALRICO, FL 33596

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: ALAN B HALSEY

MGR

04/09/2008

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