2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

May 01, 2007 8:00 am Secretary of State **DOCUMENT # L06000001075** 05-01-2007 90334 027 ****50.00 1. Entity Name HALLMARK FINANCIAL SERVICES, LLC Principal Place of Business Mailing Address 60047498 3350 NW ROYAL OAK DRIVE 3350 NW ROYAL OAK DRIVE JENSEN BEACH, FL 34957 JENSEN BEACH, FL 34957 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 3731 NE PINEAPPLE AVE 3731 NE PINEAPPLE AVE Suite, Apt. #, etc. Suite, Apt. #, etc. 04272007 Chg-LLC CR2E083 (12/06) SUITE C 200 SUITE C200 City & State City & State 4. FEI Number Applied For JENSEN BEACH, JENSEN Not Applicable \$5.00 Additional Zip 5. Certificate of Status Desired 34957 USA USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FOX, M. LANNING 3473 SE WILLOUGHBY BLVD Street Address (P.O. Box Number is Not Acceptable) STUART, FL 34994 Zip Code City FL 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. ું વર્ષો કહે ક Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State ADDITIONS/CHANGES 9. MANAGING MEMBERS/MANAGERS 10. MGRM Addition TITLE ☐ Change TITLE Delete DOSS, ARDEN JR. NAME NAME 3731 NE PINEMPPLE AVE. - SUITE C200 STREET ADORESS STREET ADDRESS JENSEN BEACH FL 34957 CITY-ST-ZIP CITY-ST-7IP Addition MGRM ☐ Change TITLE ☐ Delete TITLE DOSS, RENEE MOTTRAM NAME 3731 NE PINEAPPLE AVE. - SUITE C200 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JENSEN BEACH FL 34957 TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADORESS STREET AODRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-718 CITY-ST-ZIP 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.

4/30/07

FILED