2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007
Secretary of State

DOCUMENT# L06000014999

Entity Name: HALIFAX RIVER PROPERTIES, LLC

Current Principal Place of Business:

2890 MALIBU COURT
DAYTONA BEACH, FL 32124

New Principal Place of Business:

2890 MALIBU COURT
DAYTONA BEACH, FL 32128

Current Mailing Address:

2890 MALIBU COURT
DAYTONA BEACH, FL 32124

New Mailing Address:

2890 MALIBU COURT
DAYTONA BEACH, FL 32128

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ATTORNEY RONALD N. JOHNSON
326 S. GRANDVIEW AVENUE
DAYTONA BEACH, FL 32118 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: MGRM ( ) Delete
Name: SPRENT, GUSTL
Address: 2890 MALIBU COURT
City-St-Zip: DAYTONA BEACH, FL 32124

Title: MGR ( ) Delete
Name: SPRENG, CLAUDIA
Address: 2890 MALIBU COURT
City-St-Zip: DAYTONA BEACH, FL 32124

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: SPRENG, GUSTL
Address: 2890 MALIBU COURT
City-St-Zip: DAYTONA BEACH, FL 32128

Title: MGR (X) Change ( ) Addition
Name: SPRENG, CLAUDIA
Address: 2890 MALIBU COURT
City-St-Zip: DAYTONA BEACH, FL 32128

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: GUSTL SPRENG MGRM 04/30/2007

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