


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90334 030 ****50.00

DOCUMENT # L06000023376 1. Entity Name HALLMARK INVESTORS, LLC					
Principal Place of Business 3350 NW ROYAL OAK DRIVE JENSEN BEACH, FL 34957			Mailing Address 3350 NW ROYAL OAK DRIVE JENSEN BEACH, FL 34957		
2. Principal Place of Business - No P.O. Box # 3731 N.E. PINEAPPLE AVE. Suite, Apt. #, etc. SUITE C 200 City & State JENSEN BEACH, FL Zip 34957		3. Mailing Address 3731 N.E. PINEAPPLE AVE. Suite, Apt. #, etc. SUITE C 200 City & State JENSEN BEACH, FL Zip 34957		4. FEI Number 20-4608699 Applied For <input type="checkbox"/> Not Applicable	
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent FOX, M. LANNING 3473 SE WILLOUGHBY BLVD STUART, FL 34994				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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. SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DOSS, ARDEN JR. 3731 N.E. PINEAPPLE AVE. - SUITE C 200 JENSEN BEACH, FL 34957 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DOSS, RENEE' MOTTAM 3731 N.E. PINEAPPLE AVE. - SUITE C 200 JENSEN BEACH, FL 34957 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
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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.					
SIGNATURE: _____ RENEE' M. DOSS 4/30/07 772-692-7800 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					