

008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L06000023837

1. Entity Name HALL REALTY, LLC



Principal Place of Business

2606 S. ORLANDO DRIVE SANFORD, FL 32773

Mailing Address

2606 S. ORLANDO DRIVE SANFORD, FL 32773

FILED Apr 18, 2008 08:00 A Secretary of State



04132008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number		Applied For
20-5145298		Not Applicable
5. Certificate of Status Desired	\$5.00	Additional

1878年,186<u>期</u>的1878年

6. Name and Address of Current Registered Agent

HALL, DAN 2606 S. ORLANDO DRIVE SANFORD, FL 32773

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the obliga	tions of registered agent.		
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE
	E NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.75		000000906711 U5/U5/U8-80009-010 138.75
9.	MANAGING MEMBERS/MANAGERS	P 10 10 10 10 10 10 10 10 10 10 10 10 10	4.2000 () 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
TITLE	MGRM		
NAME	HALL, DAN		
STREET ADDRESS	2606 S. ORLANDO DRIVE		
CITY-ST-ZIP	SANFORD, FL 32773	्रिम्	
TITLE			The state of the s
NAME			one of the state o
STREET ADDRESS	'		医动物的变形术 医骶线 经货币 医水体

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

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP -TITLE NAME STREET ADDRESS CITY-ST-ZIP

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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 tiability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

	1
SIGNATURE:	
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

<u> 15 - 08</u>

<u>407 323 577</u>