


FILED
Jul 05, 2007 8:00 am
Secretary of State

06-01-2007 90094 023 ****50.00

2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

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DOCUMENT # L06000027675			
1. Entity Name HALLMARK RESIDENCES, LLC			
Principal Place of Business 9825 SW 55 ST MIAMI, FL 33165		Mailing Address 9825 SW 55 ST MIAMI, FL 33165	
2. Principal Place of Business - No P.O. Box # 2391 SW 142 Ave		3. Mailing Address 2391 SW 142 Ave	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Miami, FL		City & State Miami, FL	
Zip 33175	Country USA	Zip 33175	Country USA
6. Name and Address of Current Registered Agent GONGORA, FRANCISCO 9825 SW 55 ST MIAMI, FL 33165		4. FEI Number 205429130 Applied For Not Applicable	
7. Name and Address of New Registered Agent Name Mario I. Alvarez Street Address (P.O. Box Number is Not Acceptable) 2391 SW 142 Ave City Miami FL Zip Code 33175		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and date if applicable (NOTE: Purpose and Agent signature required when re-registering)</small>			
Filing Fee is \$50.00 Due by September 14, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ALVAREZ, MARIO I 2391 SW 142 AV MIAMI, FL 33175 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM GONGORA, FRANCISCO 9825 SW 55 ST MIAMI, FL 33165 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> Date _____ <small>Date</small> <small>Domestic Purpose</small>			