2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2008
Secretary of State

DOCUMENT# L06000052992

Entity Name: HALF DOME HOLDINGS, LLC

Current Principal Place of Business:

498 PALM SPRINGS DRIVE SUITE 100
ALTAMONTE SPRINGS, FL 32701

New Principal Place of Business:

Current Mailing Address:

498 PALM SPRINGS DRIVE SUITE 100
ALTAMONTE SPRINGS, FL 32701

New Mailing Address:

FEI Number: 76-0844324 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FOLEY, JOSEPH D JR
498 PALM SPRINGS DRIVE SUITE 100
ALTAMONTE SPRINGS, FL 32701 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: FOLEY, JOSEPH D JR
Address: 522 WEKIVA LANDING DR
City-St-Zip: APOPKA, FL 32712

Title: MGRM ( ) Delete
Name: FOLEY, CAROL R
Address: 522 WEKIVA LANDING DR
City-St-Zip: APOPKA, FL 32712

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: JOSEPH D. FOLEY, JR. MGRM 04/29/2008

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