
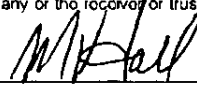


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 30, 2007 8:00 am
Secretary of State

05-04-2007 90318 012 ****50.00

DOCUMENT # L06000062610 1. Entity Name HALLSTAR TRAILERS, LIMITED LIABILITY COMPANY						5/4	
Principal Place of Business 13574 NW HWY 19, #3 CHIEFLAND FL 32626				Mailing Address 13574 NW HWY 19, #3 CHIEFLAND FL 32626			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number 34-2065508				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent BURNETT, LINDA B 13574 NW HWY 19, #3 CHIEFLAND FL 32626				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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's signature required when re-registering) DATE _____							
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007							
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	MGR	HALL, MARCUS V	14271 NW 66TH AVE. CHIEFLAND FL 32626	<input type="checkbox"/> Delete			
	MGR	HALL, ANDREW J	1940 SE 35TH AVE. TRENTON FL 32693	<input checked="" type="checkbox"/> Delete			
				<input type="checkbox"/> Delete			
				<input type="checkbox"/> Delete			
				<input type="checkbox"/> Delete			
				<input type="checkbox"/> Delete			
				<input type="checkbox"/> Delete			
				<input type="checkbox"/> Delete			
				<input type="checkbox"/> Delete			
				<input type="checkbox"/> Delete			
				<input type="checkbox"/> Delete			
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: 				Date: 4/24/07			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE: Marcus V. Hall				Daytime Phone #: 352-490-9308			