

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000076533

Entity Name: HALACHUA PROPERTIES, LLC

FILED
Apr 26, 2007
Secretary of State

Current Principal Place of Business:

5542 NW 43RD STREET
GAINESVILLE, FL 32653

New Principal Place of Business:

Current Mailing Address:

5542 NW 43RD STREET
GAINESVILLE, FL 32653

New Mailing Address:

FEI Number: 20-5329860

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOSSHARDT, KIMBERLY
5532-A NW 43RD STREET
GAINESVILLE, FL 32653 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: BOSSHARDT, CAROL
Address: 5542 NW 43RD STREET
City-St-Zip: GAINESVILLE, FL 32653

Title: MGR () Delete
Name: WHITE, JOB
Address: 134 EAST CALL STREET
City-St-Zip: STARKE, FL 32091

Title: MGR () Delete
Name: WILLIAMS, THOMAS JR.
Address: PO BOX 368
City-St-Zip: ARCHER, FL 32618

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BOSSHARDT, CAROL R
Address: 5542 NW 43RD STREET
City-St-Zip: GAINESVILLE, FL 32653

Title: MGR (X) Change () Addition
Name: WHITE, JOB E
Address: 134 EAST CALL STREET
City-St-Zip: STARKE, FL 32091

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: CAROL R. BOSSHARDT

MGRM

04/26/2007

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