

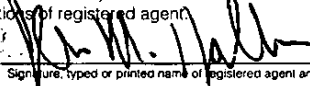
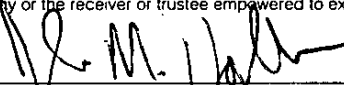


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 22, 2007 8:00 am
Secretary of State

03-22-2007 90174 010 ****50.00

DOCUMENT # L06000076700					
1. Entity Name HALLMAN AND ASSOCIATES LLC					
Principal Place of Business 316 S. FRANKLIN BLVD. TALLAHASSEE, FL 32301			Mailing Address 316 S. FRANKLIN BLVD. TALLAHASSEE, FL 32301		
2. Principal Place of Business - No P.O. Box # 33 E. CAMINO REAL		3. Mailing Address 33 E. CAMINO REAL		 01042007 Chg-LLC CR2E083 (12/06)	
Suite, Apt. #, etc. 310		Suite, Apt. #, etc. 310			
City & State BOCA RATON FL		City & State BOCA RATON FL			
Zip 33432		Zip 33432			
Country USA		Country USA		4. FEI Number 14-1971992	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent HALLMAN, JOHN M 316 S. FRANKLIN BLVD. TALLAHASSEE, FL 32301			7. Name and Address of New Registered Agent Name HALLMAN, JOHN M Street Address (P.O. Box Number is Not Acceptable) 33 E. CAMINO REAL UNIT 310 City BOCA RATON FL Zip Code 33432		
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 3/20/07		
(NOTE: Registered Agent signature required when reinstating)			DATE		
Filing Fee is \$50.00 Due by May 1, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HALLMAN, JOHN M 316 S. FRANKLIN BLVD. TALLAHASSEE, FL 32301	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HALLMAN, JOHN M 33 E. CAMINO REAL #310 BOCA RATON, FL 33432	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 			Date 3/20/07 Daytime Phone # 561-382-4432		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					