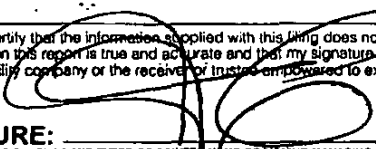


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

3. **FILED**
Apr 21, 2008 8:00 am
Secretary of State

03-24-2008 90235 022 ***138.75

DOCUMENT # L07000027917					
1. Entity Name HALFACRE CONSTRUCTION, LLC					
Principal Place of Business 7015 PROFESSIONAL PARKWAY EAST SARASOTA, FL 34240			Mailing Address 7015 PROFESSIONAL PARKWAY EAST SARASOTA, FL 34240		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	03132008 Chg-LLC CR2E083 (12/06)	
4. FEI Number 20-8762096				☐ Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BENJAMIN, ROBERT W 200 SOUTH ORANGE AVENUE SARASOTA, FL 34236				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 signature required when remaining) _____ DATE _____					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE _____ NAME _____ STREET ADDRESS _____ CITY - ST - ZIP _____	☐ Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY - ST - ZIP _____	☐ Change ☒ Addition	
TITLE _____ NAME _____ STREET ADDRESS _____ CITY - ST - ZIP _____	☐ Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY - ST - ZIP _____	☐ Change ☐ Addition	
TITLE _____ NAME _____ STREET ADDRESS _____ CITY - ST - ZIP _____	☐ Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY - ST - ZIP _____	☐ Change ☐ Addition	
TITLE _____ NAME _____ STREET ADDRESS _____ CITY - ST - ZIP _____	☐ Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY - ST - ZIP _____	☐ Change ☐ Addition	
TITLE _____ NAME _____ STREET ADDRESS _____ CITY - ST - ZIP _____	☐ Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY - ST - ZIP _____	☐ Change ☐ Addition	
TITLE _____ NAME _____ STREET ADDRESS _____ CITY - ST - ZIP _____	☐ Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY - ST - ZIP _____	☐ Change ☐ 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: 			3-14-08		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		

30004410

