

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000032258

FILED
Feb 05, 2009
Secretary of State

Entity Name: HALCYON CAPITAL PARTNERS, LLC

Current Principal Place of Business:

5971 CATTLERIDGE BLVD
SUITE 101
SARASOTA, FL 34232

New Principal Place of Business:

240 EAST 5TH AVENUE
TALLAHASSEE, FL 32303

Current Mailing Address:

5971 CATTLERIDGE BLVD
SUITE 101
SARASOTA, FL 34232

New Mailing Address:

240 EAST 5TH AVENUE
TALLAHASSEE, FL 32303

FEI Number: 74-3242810

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GALLOWAY, CLYDE W JR.
240 EAST 5TH AVENUE
TALLAHASSEE, FL 32303 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: MGR () Delete
Name: ORTKIESE, SCOTT A
Address: 5971 CATTLERIDGE BLVD., STE 101
City-St-Zip: SARASOTA, FL 34232

Title: MGRM () Delete
Name: GUZZO, GARY A
Address: 108 S. MONROE STREET, STE 200
City-St-Zip: TALLAHASSEE, FL 32301

Title: MGRM () Delete
Name: HAWKEN, ROBERT
Address: 320 WEST PARK AVENUE
City-St-Zip: TALLAHASSEE, FL 32301

Title: MGRM () Delete
Name: GALLOWAY, CLYDE W JR
Address: 240 EAST 5TH AVENUE
City-St-Zip: TALLAHASSEE, FL 32303

Title: MGRM () Delete
Name: KUMMER, HUGO J
Address: 5971 CATTLERIDGE BLVD., STE 101
City-St-Zip: SARASOTA, FL 34232

Title: MGRM () Delete
Name: COOPER, JOSEPH C
Address: 5971 CATTLERIDGE BLVD., STE 101
City-St-Zip: SARASOTA, FL 34232

ADDITIONS/CHANGES:

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

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

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

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

Title: () Change () Addition
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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: CLYDE W. GALLOWAY JR.

MGRM

02/05/2009

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