

FILED
Jun 09, 2008 8:00 am
Secretary of State

04-17-2008 90170 006 ***138.75

2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

DOCUMENT # L07000072603	
1. Entity Name HALLEY & AMY PROPERTIES, LLC	

Principal Place of Business 1480 TIMBERLANE ROAD TALLAHASSEE FL 32312	Mailing Address 1480 TIMBERLANE ROAD TALLAHASSEE FL 32312
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

30009064

1st MOORE CR2E083 (10/07)

4. FEI Number 260521331	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent STEPHENS, JAMES A 1480 TIMBERLANE ROAD TALLAHASSEE FL 32312	
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 _____ DATE _____
Signature is typed or printed name of registered agent and is a photocopy. (NOTE: Registered Agent signature required when notarized)

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	General Partner James A. Stephens MBR 1480 Timberlane Road Tallahassee, FL 32312-1713 ☐ 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
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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 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 James A. Stephens James A. Stephens 4/24/08 850 893 4005
SIGNATURE MUST BE TYPED OR PRINTED NAME OF BOARD MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date DeLine Phone #