

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000038172

Entity Name: HALLECK HOMES, LLC

FILED
Jan 18, 2009
Secretary of State

Current Principal Place of Business:

1400 VILLAGE SQUARE BLVD
STE 3 BOX 142
TALLAHASSEE, FL 32312

New Principal Place of Business:

Current Mailing Address:

1400 VILLAGE SQUARE BLVD
STE 3 BOX 142
TALLAHASSEE, FL 32312

New Mailing Address:

102 CHUKKARS DR.
THOMASVILLE, GA 31792

FEI Number: 26-2459716

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHANDLER, PORTER E
514 FRANK SHOW RD
TALLAHASSEE, FL 32312 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: CHANDLER, PORTER E
Address: 1400 VILLAGE SQUARE BLVD
City-St-Zip: TALLAHASSEE, FL 32312

Title: MGRM () Delete
Name: SINGLETONS HOLDINGS, LLC
Address: 102 CHUKKARS DRIVE
City-St-Zip: THOMASVILLE, GA 31792

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: CHANDLER, PORTER E
Address: 1400 VILLAGE SQUARE BLVD
City-St-Zip: TALLAHASSEE, FL 32312

Title: MGRM (X) Change () Addition
Name: SINGLETONS HOLDINGS, LLC
Address: 102 CHUKKARS DRIVE
City-St-Zip: THOMASVILLE, GA 31792

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: PORTER E. CHANDLER

MGRM

01/18/2009

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