

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L98000001803

Entity Name: HALCO INVESTMENTS L.C.

FILED  
Jan 24, 2005  
Secretary of State

## Current Principal Place of Business:

17890 DEAUVILLE LANE  
BOCA RATON, FL 33496

## New Principal Place of Business:

500 SOUTHEAST FIFTH AVENUE  
PENTHOUSE 01  
BOCA RATON, FL 33432 US

## Current Mailing Address:

17890 DEAUVILLE LANE  
BOCA RATON, FL 33496

## New Mailing Address:

500 SOUTHEAST FIFTH AVENUE  
PENTHOUSE 01  
BOCA RATON, FL 33432 US

FEI Number: 65-0853703

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HALPERIN, BARRY  
500 SOUTHEAST FIFTH AVE.  
PENTHOUSE 01  
BOCA RATON, FL 33432 US

## Name and Address of New Registered Agent:

HALPERIN, BARRY  
500 SOUTHEAST FIFTH AVE.  
PENTHOUSE 01  
BOCA RATON, FL 33432 US

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:

01/24/2005

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete  
Name: HALPERIN, BARRY  
Address: 500 SOUTHEAST FIFTH AVE. PH-01  
City-St-Zip: BOCA RATON, FL 33432

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: HALPERIN, BARRY  
Address: 500 SOUTHEAST FIFTH AVE. PH-01  
City-St-Zip: BOCA RATON, FL 33432 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: BARRY HALPERIN

MGRM

01/24/2005

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