

# 2002 UNIFORM BUSINESS REPORT (UBR)

3/1

**FILED**  
**Apr 21, 2002 8:00 am**  
**Secretary of State**

03-13-2002 90093 003 \*\*\*\*\*55.00

**DOCUMENT # L99000005738**

1. Entity Name

**HALLIDAY FAMILY'S HARBOR BEACH APARTMENTS, L.L.C**

Principal Place of Business

**3019 HARBOR DRIVE  
FT. LAUDERDALE FL 33316**

Mailing Address

**3019 HARBOR DRIVE  
FT. LAUDERDALE FL 33316**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0953828**

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

~~HALLIDAY, ROBERT III~~

~~10007 CLEARY BLVD., SUITE 277~~

~~PLANTATION FL 33324~~

Name

~~DAVID H. GAYNES ESQUIRE~~

Street Address (P.O. Box Number is Not Acceptable)

**7153 Catania Drive**

City

**Boynton Beach**

**FL**

Zip Code

**33437**

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.

SIGNATURE

*David H. Gaynes*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
HALLIDAY FAMILY CORPORATION  
3019 HARBOR DRIVE  
FT. LAUDERDALE FL 33316** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify 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 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:

*Robert Halliday III*

**ROBERT HALLIDAY III**

(954)

**2/12/2002 801-2712**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)