


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 17, 2004 8:00 am
Secretary of State

02-17-2004 90197 011 ****50.00

DOCUMENT # L99000005738 1. Entity Name HALLIDAY FAMILY'S HARBOR BEACH APARTMENTS, L.L.C.	
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Principal Place of Business 3019 HARBOR DRIVE #13 FT. LAUDERDALE, FL 33316	Mailing Address 3019 HARBOR DRIVE #13 FT. LAUDERDALE, FL 33316
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24011729



2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
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01272004 Chg-LLC CR2E083 (10/03)

4. FEI Number 65-0953828	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent DAVID M. GAYNES, ESQUIRE 7153 CATANIA DR. BOYNTON BEACH, FL 33437	7. Name and Address of New Registered Agent Name <u>Robert Halliday</u> Street Address (P.O. Box Number is Not Acceptable) <u>10097 Cleary Blvd</u> <u>Ste 277</u> City <u>Plantation</u> FL <u>33324</u>
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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 <u>[Signature]</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$50.00 Due by May 1, 2004	Make check payable to Florida Department of State
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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 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date <u>2/9/04</u> Daytime Phone # <u>954-972-5800</u>