

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 09, 2005 08:00 AM
Secretary of State

DOCUMENT # M04000005352

1. Entity Name
HALCROW, LLC



Principal Place of Business
**4010 BOY SCOUT BLVD., STE. 580
TAMPA, FL 33607**

Mailing Address
**4010 BOY SCOUT BLVD., STE. 580
TAMPA, FL 33607**



02042005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1902591

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**STOCKBERGER, TODD
4010 BOY SCOUT BLVD., STE. 580
TAMPA, FL 33607**

**DO NOT WRITE
IN THIS SPACE**

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

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, 2005**

9. MANAGING MEMBERS/MANAGERS

U00000296402
04/09/05-80064-023 50.00

**DO NOT WRITE
IN THIS SPACE**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
PADRON, DENNIS V
22 CORTLANDT STREET, 33RD FLOOR
NEW YORK, NY 10007**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
WOTTON, JOHN H
35 BAIRD STREET
GLASGOW G4 0EE UK,**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
JUNOLD, HELGA E
104 NORTHERN BLVD., STE. 305
ROSLYN, NY 11576**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

[Signature]

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

4/4/05

Date

2126084963

Daytime Phone #