

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000000918

Entity Name: HALE MOANA, LLC

FILED  
Apr 12, 2006  
Secretary of State

**Current Principal Place of Business:**

701 CENTRAL PARK DR  
SANFORD, FL 32771

**New Principal Place of Business:**

**Current Mailing Address:**

701 CENTRAL PARK DR  
SANFORD, FL 32771

**New Mailing Address:**

FEI Number: 01-0588489

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MCCUEN, JAMES P  
701 CENTRAL PARK DRIVE  
SANFORD, FL 32771 US

**Name and Address of New Registered Agent:**

MCCUEN, JAMES P MGR  
701 CENTRAL PARK DRIVE  
SANFORD, FL 32771 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: JAMES P MCCUEN

04/12/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: MCCUEN, JAMES  
Address: 701 CENTRAL PARK DR  
City-St-Zip: SANFORD, FL 32771

Title: MGR ( ) Delete  
Name: MORIKONE, SHARON  
Address: 701 CENTRAL PARK DR  
City-St-Zip: SANFORD, FL 32771

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: MCCUEN, JAMES P MGR  
Address: 701 CENTRAL PARK DR  
City-St-Zip: SANFORD, FL 32771

Title: MGR (X) Change ( ) Addition  
Name: MORIKONE, SHARON C MGR  
Address: 701 CENTRAL PARK DR  
City-St-Zip: SANFORD, FL 32771

I hereby certify that the information supplied with this filing does not qualify for the 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: JAMES P MCCUEN

MGR

04/12/2006

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