

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 13, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # L03000029957

1. Entry Name  
HWWMSM II, LLC -



Principal Place of Business  
130 WEST SHIPWRECK ROAD  
SANTA ROSA BEACH, FL 32459

Mailing Address  
130 WEST SHIPWRECK ROAD  
SANTA ROSA BEACH, FL 32459



01102005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

11-3697859

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

LAUNCH, ROBERT M  
130 WEST SHIPWRECK ROAD  
SANTA ROSA BEACH, FL 32459

**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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
MURPHY, SCOTT  
35000 EMERALD COAST PKWY.  
DESTIN, FL 32541

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
LAUNCH, ROBERT M  
130 WEST SHIPWRECK ROAD  
SANTA ROSA BEACH, FL 32459

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
GORMAN, ROY  
122 SCOTTSDALE COURT  
MARY ESTHER, FL 32459

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

U00000180224  
01/13/05-80051-006 50.00

**DO NOT WRITE  
IN THIS SPACE**

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

1/11/05

Date

850-622-0356

Daytime Phone #