


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 30, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # L03000035004  
 1. Entity Name  
 H. A. FOXWOOD, LLC



Principal Place of Business 100 KINGSTOWN DRIVE NAPLES, FL 34102 US	Mailing Address 100 KINGSTOWN DRIVE NAPLES, FL 34102 US
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**DO NOT WRITE IN THIS SPACE**



03212007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-0916048	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
 ALLEN, JOHN N  
 100 KINGSTOWN DRIVE  
 NAPLES, FL 34102

**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: *John N Allen* DATE: 3/27/07  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00  
 Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ALLEN, JOHN N 100 KINGSTOWN DRIVE NAPLES, FL 34103
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *John N Allen* Date: 3-27-07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #