## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**DOCUMENT # L03000040219** 

1. Entity Name
HAWI ENTERPRISES, LLC

Jan 31, 2005 08:00 AM Secretary of State

**FILED** 

Principal Place of Business

3717 LAKE EMMA ROAD LAKE MARY, FL 32746 Mailing Address

A Manual of Author of the same of the same

3717 LAKE EMMA ROAD LAKE MARY, FL 32746



01212005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 20-0320246

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HUANG, WEI-TING 3717 LAKE EMMA ROAD LAKE MARY, FL 32746

## DO NOT WRITE IN THIS SPACE

8.	The above named entity submits this statement for the purpose of changing its registered the obligations of registered agent.	d office or registered agent, or bo	th, in the State of Florida.	I am familiar with, and accept
Si	GNATURE Signature, typed or printed name of registered agent and little If applicable. (NOTE: Registered	Agent signature required when reinstating)	**************************************	DATE CONTRACTOR

Filing Fee is \$50.00 Due by May 1, 2005 000000216484 02/01/05-80008-014 50.00

9.	MAÑAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HUANG, WEI-TING 3717 LAKE EMMA RD LAKE MARY, FL 32746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	contilu that the information supplied with this filing does not divalify for the

DO NOT WRITE IN THIS SPACE

11. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f), 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 it 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

1-26-05

407-333-373

ate

Daytime Phone #