


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 17, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L04000067454</b>	
1. Entity Name <b>HAWAIIAN INN COMMERCIAL I.L.L.C.</b>	

Principal Place of Business <b>2101 JOHN ANDERSON DRIVE ORMOND BEACH, FL 32176 US</b>	Mailing Address <b>2101 JOHN ANDERSON DRIVE ORMOND BEACH, FL 32176 US</b>
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**DO NOT WRITE IN THIS SPACE**



03042008 No Chg-LLC CR2E083 (12/07)

4. FEI Number <b>86-1115726</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>RAINEY, JOHN 2101 JOHN ANDERSON DRIVE ORMOND BEACH, FL 32176</b>
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**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 A. RAINEY John A Rainey 03/04/2008  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RAINEY, JOHN 2101 JOHN ANDERSON DRIVE ORMOND BEACH, FL 32176
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U00000861665  
04/03/08-80018-007 138.75

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 A Rainey JOHN A. RAINEY 03/04/2008 386-441-4843  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #