

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000088302 1. Entity Name HWA-MON PROPERTIES, LLC	
---	---

Principal Place of Business 4530 N.W. 23RD CT BOCA RATON, FL 33431	Mailing Address 4530 N.W. 23RD CT BOCA RATON, FL 33431
---	---

DO NOT WRITE IN THIS SPACE



04042006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number NOT APPLICABLE	Applied For ☒ Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent TAI, EVELYN M 4530 N.W. 23RD CT BOCA RATON, FL 33431
--

**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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

U00000499471
04/24/06-80032-003 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR TAI, HOWARD C 4530 N.W. 23RD CT BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR TAI, EVELYN M. 4570 NW 2ND CT BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 605, Florida Statutes.

SIGNATURE:  **04/04/2006** **1561241-5524**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #