2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L04000088302

1. Entity Name

HWA-MON PROPERTIES, LLC



FILED Apr 30, 2007 08:00 AM Secretary of State

Principal Place of Business

4530 N.W. 23RD CT BOCA RATON, FL 33431 Mailing Address

4530 N.W. 23RD CT BOCA RATON, FL 33431



04212007 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

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	
Fi D	iling Fee is \$50.00 ue by May 1, 2007		
9.	MANAGING MEMBERS/MANAGERS	I Have been a transfer on the second of the	
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		jo
HTLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE	
TITLE NAME STREET ADUHESS CITY-ST-ZIP		IN THIS SPACE	
TITLE NAME			

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:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

> JRE: BIGNATURE AND TYPES OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

mo TAI 04/21/d

(561)a+1-5524

Daytime Phone #