

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 19, 2008 8:00 am
Secretary of State

03-19-2008 90146 027 ***138.75

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
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DO NOT WRITE IN THIS SPACE



01232008No Chg-LLC CR2E083 (12/07)

4. FEI Number NOT APPLICABLE	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

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

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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 _____

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 TAI, HOWARD C 4530 N.W. 23RD CT BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TAI, EVELYN M. <u>4570 NW 2ND CT</u> 4530 NW 23rd CT BOCA RATON, FL 33431
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 608, Florida Statutes.

SIGNATURE: [Signature] Date: 3/6/08 Daytime Phone #: 241-5524 561-362806

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE