2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Sep 30, 2006
Secretary of State

DOCUMENT# L05000030989

Entity Name: HANA PROPERTY MANAGEMENT LLC

Current Principal Place of Business:

P O BOX 214
NICEVILLE, FL 32588

New Principal Place of Business:

Current Mailing Address:

P O BOX 214
NICEVILLE, FL 32588

New Mailing Address:

39 HOLMES BLVD NW
FORT WALTON BEACH, FL 32548

FEI Number: 51-0538973 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

THOMPSON, NEVILLE A
1594 PARKWOOD CT W
NICEVILLE, FL 32578 US

Name and Address of New Registered Agent:

THOMPSON, NEVILLE A
39 HOLMES BLVD NW
FORT WALTON BEACH, FL 32548 US

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.

SIGNATURE: NEVILLE THOMPSON 09/30/2006
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: THOMPSON, NEVILLE A
Address: P O BOX 214
City-St-Zip: NICEVILLE, FL 32588

Title: MGR ( ) Delete
Name: THOMPSON, CHARLENE
Address: P O BOX 214
City-St-Zip: NICEVILLE, FL 32588

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: NEVILLE A THOMPSON MGR 09/30/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date