

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000030989

FILED
Jul 14, 2007
Secretary of State

Entity Name: HANA PROPERTY MANAGEMENT LLC

Current Principal Place of Business:

P O BOX 214
NICEVILLE, FL 32588

New Principal Place of Business:

39 HOLMES BLVD NW
FORT WALTON BEACH, FL 32548

Current Mailing Address:

39 HOLMES BLVD NW
FORT WALTON BEACH, FL 32548

New Mailing Address:

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:

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:

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: MGR (X) Change () Addition
Name: THOMPSON, NEVILLE A
Address: 39 HOLMES BLVD NW
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: MGR (X) Change () Addition
Name: THOMPSON, CHARLENE
Address: 39 HOLMES BLVD NW
City-St-Zip: FORT WALTON BEACH, FL 32548

I hereby certify that the information supplied with this filing does not qualify 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 THOMPSON

MGR

07/14/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date