



**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 30, 2006 8:00 am
Secretary of State

01-09-2006 90050 001 ****50.00

DOCUMENT # L05000054261				
1. Entity Name HW PENINSULA, LLC				
Principal Place of Business 115 E. GRANADA BLVD. SUITE 12 ORMOND BEACH, FL 32176		Mailing Address 115 E. GRANADA BLVD. SUITE 12 ORMOND BEACH, FL 32176		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	
8. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent
CROTTY, MICHAEL D 1800 W. INTERNATIONAL SPEEDWAY BLVD. BUILDING 2, SUITE 201 DAYTONA BEACH, FL 32114				Name
				Street Address (P.O. Box Number is Not Acceptable)
				City
				FL
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 _____ <small>Signature, typed or printed name of registered agent and file # applicable (NOTE: Registered Agent signature required when releasing) DATE</small>				
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HILLMAN, ROBERT L 115 E. GRANADA BLVD., SUITE 12 ORMOND BEACH, FL 32176	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM WILSON, TYREE F 115 E. GRANADA BLVD., SUITE 12 ORMOND BEACH, FL 32176	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 				Date _____ <small>Daytime Phone # _____</small>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				

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01032006 Chg-LLC CR2E083 (11/05)

4. FEI Number 33-1118447 Applied For Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required