

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000079853

FILED
Apr 30, 2008
Secretary of State

Entity Name: HALEIWA COVE PROPERTIES, L.L.C.

Current Principal Place of Business:

2414 BUTTERFLY PALM DRIVE
NAPLES, FL 34119

New Principal Place of Business:

8613 SW 39TH LANE
GAINESVILLE, FL 32608

Current Mailing Address:

2414 BUTTERFLY PALM DRIVE
SUITE 5
NAPLES, FL 34119

New Mailing Address:

8613 SW 39TH LANE
GAINESVILLE, FL 32608

FEI Number: 20-3297484

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAMB, JEFFREY R
809 WALKERBILT ROAD
SUITE 5
NAPLES, FL 34110 US

Name and Address of New Registered Agent:

LAMB, JACQUELYNN R
8613 SW 39TH LANE
GAINESVILLE, FL 32608 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: J. LAMB

04/30/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: LAMB, JACQUELYNN N
Address: 2414 BUTTERFLY PALM DRIVE
City-St-Zip: NAPLES, FL 34109

Title: MGRM () Delete
Name: DOXEY, ROBIN H
Address: 3080 6TH STREET NW
City-St-Zip: NAPLES, FL 34120

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: LAMB, JACQUELYNN N
Address: 8613 SW 39TH LANE
City-St-Zip: GAINESVILLE, FL 32608

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

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: J. LAMB

MGRM

04/30/2008

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