


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 19, 2006 8:00 am
Secretary of State

01-19-2006 90015 023 ****50.00

DOCUMENT # L05000089963

1. Entity Name
HONG PHUONG, LLC



Principal Place of Business
**981 HWY. 98E, SUITE E, NO. 285
 DESTIN, FL 32541-2525**

Mailing Address
**981 HWY. 98E, SUITE E, NO. 285
 DESTIN, FL 32541-2525**

2. Principal Place of Business
 Suite, Apt. #, etc.
981 HWY. 98E, SUITE E, NO. 285

3. Mailing Address
 Suite, Apt. #, etc.
981 HWY. 98E, SUITE E, NO. 285

City & State
DESTIN, FL


City & State
Destin, FL

Zip
32541-2525

Country
USA

Zip
32541-2525

Country
USA



01112006 Chg-LLC CR2E083 (11/05)

4. FEI Number
20-3448213

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**SLOAN, WILLIAM P
 981 HWY. 98E, SUITE E, NO. 285
 DESTIN, FL 32541-2525**

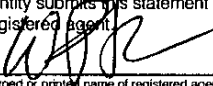
7. Name and Address of New Registered Agent

Name **Sloan, William P**

Street Address (P.O. Box Number is Not Acceptable)
981 HWY. 98E, Suite E, No. 285

City **Destin, FL** Zip Code **32541-2525**

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  DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
 Due by May 1, 2006**

**Make check payable to
 Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SLOAN, WILLIAM P 506 GULF SHORE DR., #307 DESTIN, FL 32541	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PHUONG, PHUONG HONG 506 GULF SHORE DR., #307 DESTIN, FL 32541	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **William P Sloan** 11-01-06 850-217-1760

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #