


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Jun 25, 2008 8:00 am
Secretary of State

05-15-2008 90081 035 ****50.00
06-25-2008 90052 002 ****88.75

DOCUMENT # L05000090089		
1. Entity Name HON-ACRES LLC		

Principal Place of Business 7887 GARTMAN ROAD LAUREL HILL, FL 32567 US	Mailing Address 7887 GARTMAN ROAD LAUREL HILL, FL 32567 US
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2. Principal Place of Business - No P.O. Box # 7887 Gartman Rd.	Mailing Address 7887 Gartman Rd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State LAUREL HILL FL.	City & State LAUREL HILL FL.
Zip 32567	Zip 32567
Country OKALAUSA	Country OKALAUSA

6. Name and Address of Current Registered Agent HONAKER, MICHAEL A 7877 GARTMAN ROAD LAUREL HILL, FL 32567	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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 reappointing)

FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HONAKER, MICHAEL A 7887 GARTMAN ROAD LAUREL HILL, FL 32567 <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: Michael A. Honaker Date: 6-23-2008
SIGNATURE BEING TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

50007467



05142008 Chg-LLC CR2E083 (12/06)