


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

07 SEP 14 PM 3:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L06000064332	
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1. Entity Name MOONHAWK PROPERTIES, LLC	Principal Place of Business 2234 CYPRESS COVE DRIVE TAVARES, FL 32778	Mailing Address 2234 CYPRESS COVE DRIVE TAVARES, FL 32778
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address PO Box 1088
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State TAVARES FL
Zip	Country 32778 LAKE



07012007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-5248937	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent WILLIAMS, GREGORY A 2234 CYPRESS COVE DRIVE TAVARES, FL 32778	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00
Due by September 14, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WILLIAMS, GREGORY A 2234 CYPRESS COVE DRIVE TAVARES, FL 32778 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700109768047 09/21/07--01047--010 **50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WILLIAMS, KATHY F 2234 CYPRESS COVE DRIVE TAVARES, FL 32778 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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: Mary A 9/11/07 352 3434584
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #