


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 20, 2008 8:00 am
Secretary of State

01-23-2008 90022 045 ***150.00

DOCUMENT # L07000056921			
1. Entity Name HIAWASSEE WOODS LLC			
Principal Place of Business 5835 BLUE LAGOON DR., STE 200 MIAMI, FL 33126		Mailing Address 5835 BLUE LAGOON DR., STE 200 MIAMI, FL 33126	
2. Principal Place of Business - No P.O. Box # 207 East Hillcrest St. Suite, Apt. #, etc.		3. Mailing Address 207 East Hillcrest St. Suite, Apt. #, etc.	
City & State Orlando, FL Zip 32801 Country U.S.		City & State Orlando, FL Zip 32801 Country U.S.	
4. ILL Number 26-0263657		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 LAW OFFICES OF ANIBAL J. DUARTE-VIERA, P.A. 5835 BLUE LAGOON DR., STE 200 MIAMI, FL 33126		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 _____		SIGNATURE _____	
FILE NOW!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
NAME MGR REISS, EDWARD M STREET ADDRESS 5835 BLUE LAGOON DR., STE 200 MIAMI, FL 33126	<input type="checkbox"/> Delete	NAME Manager Reiss Edward M. STREET ADDRESS 207 East Hillcrest Street Orlando, FL 32801	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	NAME STREET ADDRESS CITY-STATE-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 606, Florida Statutes.			
SIGNATURE: _____		1-17-08	
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			

00002582



ATTACHMENT

30062582

207 EAST HILLCREST STREET
ORLANDO, FL 32801

January 18, 2008

Florida Department of State

Please change all 6 enclosed to our **NEW MAILING ADDRESS** so that we get our Annual Report notice mailed here. We have been writing every month since August.

207 EAST HILLCREST STREET
ORLANDO, FL 32801

TEL: 407 447-5884
FAX: 407 650-9042
CEESHARK@AOL.COM

KENDALE PLAZA	DOC# L05000119616
THE 79 SHOPS	DOC# L06000016015
EMR HOLDINGS	DOC# P99000090795
KINGS MEADOW	DOC# L07000057371
GET MANAGEMENT	DOC# P95000052707
HIA WASSEE WOODS	DOC# L07000056921

Edward Reiss, Trustee

Coleen Crider