


**• 2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 12, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L99000002415</b> 1. Entity Name <b>HAWAIIAN INN L.C.</b>	
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Principal Place of Business <b>2101 JOHN ANDERSON RD ORMOND BEACH, FL 32176</b>	Mailing Address <b>2101 JOHN ANDERSON RD ORMOND BEACH, FL 32176</b>
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**DO NOT WRITE IN THIS SPACE**



01062004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number <b>59-3575262</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent  
  
**RAINEY, JOHN A  
2101 JOHN ANDERSON DR.  
ORMOND BEACH, FL 32176**

**DO NOT WRITE  
IN THIS SPACE**

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 renewing) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BIRDMAN, HARVEY 307 SOUTH 21ST AVENUE HOLLYWOOD, FL 33020
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR RAINEY, JOHN A 128 EAST GRANADA BOULEVARD ORMOND BEACH, FL 32176
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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**  **1/6/04** **386-255-1555**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE Date City/State Phone #