

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 27, 2003 8:00 am
Secretary of State

01-24-2003 90248 041 ****50.00

DOCUMENT # L02000009437

1. Entity Name
HAWKS RIDGE, L.L.C.



Principal Place of Business
**3240 GALLOWAY ROAD
LAKELAND FL 33810**

Mailing Address
**3240 GALLOWAY ROAD
LAKELAND FL 33810**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

45-0477407

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GOLDSMITH, JOE C
3240 GALLOWAY ROAD
LAKELAND FL 33810**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when re-registering)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VManager
Wayne Ellis Jenkins
3240 Galloway Road
Lakeland, Florida 33810** Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PManager
Goldsmith, Joe C.
3240 Galloway Road
Lakeland, Florida 33810** Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

WAYNE JENKINS 1/22/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2003 (10/02)