


**2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2007**

**FILED**  
**Apr 12, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #</b> A01000001362	
<b>1. Entity Name</b> HAWKFIELDS PROPERTIES P-1 LIMITED PARTNERSHIP	

<b>Principal Place of Business</b> 6510 NORTHWEST 9TH BLVD GAINESVILLE FL 32605	<b>Mailing Address</b> 6510 NORTHWEST 9TH BLVD GAINESVILLE FL 32605
---	---



<b>2. Principal Place of Business - No P.O. Box #</b> Suite, Apt. #, etc.	<b>3. Mailing Address</b> Suite, Apt. #, etc.
<b>City &amp; State</b>	<b>City &amp; State</b>
<b>Zip</b>	<b>Country</b>

1st MOORE CR2E003 (10/06)

<b>4. FEI Number</b> 25-2820828	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

<b>6. Name and Address of Current Registered Agent</b>  GOPMAN, JONATHAN E ESQ. 3001 TAMiami TRAIL NORTH, 4TH FLOOR NAPLES FL 34101
---

<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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.


**FILE NOW!!! Fee is \$500. \*\*\* After May 1, 2007, fee will be \$900. \*\*\* Make check payable to Florida Department of State.**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-STATE-ZIP	L01000016364 HAWKFIELDS L-1 MANAGEMENT LLC 6510 NORTHWEST 9TH BLVD GAINESVILLE FL 32605	STREET ADDRESS CITY-STATE-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-STATE-ZIP		STREET ADDRESS CITY-STATE-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-STATE-ZIP		STREET ADDRESS CITY-STATE-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-STATE-ZIP		STREET ADDRESS CITY-STATE-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-STATE-ZIP		STREET ADDRESS CITY-STATE-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-STATE-ZIP		STREET ADDRESS CITY-STATE-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-STATE-ZIP		STREET ADDRESS CITY-STATE-ZIP	

U000000700748  
04/20/07-80030-022 500.00

**14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes**

**SIGNATURE:**  **VIRGINIA J. CAUTION** 4/04/07 352 331-0811

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE