


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90057 048 ****55.00

DOCUMENT # L01000014219	
1. Entity Name SOONER HAWK II, L.L.C.	

Principal Place of Business 201 KNOLLWOOD DRIVE KEY BISCAVNE, FL 33149	Mailing Address 201 KNOLLWOOD DRIVE KEY BISCAVNE, FL 33149
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2. Principal Place of Business 799 Crandon Blvd	3. Mailing Address 2431 E. 61st. St.
Suite, Apt. #, etc. Unit #801	Suite, Apt. #, etc. Suite #425
City & State Key Biscayne, FL	City & State Tulsa, OK
Zip 33149	Country USA
Zip 74136	Country USA

04272005 Chg-LLC CR2E083 (10/03)

4. FEI Number 74-3012447	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☒ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent MARTIN, W. SCOTT 201 KNOLLWOOD DRIVE KEY BISCAVNE, FL 33149	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 799 Crandon Blvd, Unit #801 City Key Biscayne FL Zip Code 33149
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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 May 1, 2005**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARTIN, W. SCOTT 201 KNOLLWOOD DRIVE KEY BISCAVNE, FL 33149 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 799 Crandon Blvd, Unit #801 Key Biscayne, FL 33149
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
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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 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: W. Scott Martin **W. Scott Martin**

4/28/05

305-794-2491

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

Date

Daytime Phone #