


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

**FILED**  
**Mar 17, 2008 8:00 am**  
**Secretary of State**

03-17-2008 90258 009 \*\*\*143.75

<b>DOCUMENT # L01000015327</b>	
1. Entity Name <b>SOONER HAWK I, L.L.C.</b>	

Principal Place of Business <b>799 CRANDON BLVD UNIT 801 KEY BISCAYNE FL 33149</b>	Mailing Address <b>2431 E 61ST ST SUITE 425 TULSA OK 74136</b>
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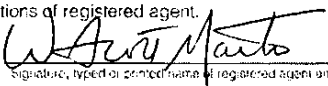


2. Principal Place of Business - No P.O. Box # <b>10295 Collins Ave</b>		3. Mailing Address <b>Unit # 806</b>	
Suite, Apt. #, etc. <b>Unit # 806</b>		Suite, Apt. #, etc.	
City & State <b>Bal Harbour FL.</b>		City & State	
Zip <b>33154</b>	Country	Zip	Country

1st MOORE CR2E083 (10/07)

4. FEI Number <b>74-3014351</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent <b>MARTIN, W. SCOTT 799 CRANDON BLVD UNIT 801 KEY BISCAYNE FL 33149</b>		7. Name and Address of New Registered Agent Name <b>Martin, W. Scott</b> Street Address (P.O. Box Number is Not Acceptable) <b>10295 Collins Ave.</b> Unit # 806 City <b>Bal Harbour</b> <b>FL</b> Zip Code <b>33154</b>


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 **3/7/08**

**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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM MARTIN, W. SCOTT 215 AQUA TERRACE T MIAMI BEACH FL 33141</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM Martin, W. Scott 10295 Collins Ave. Unit 806 Bal Harbour FL. 33154</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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 exemptions contained in Section 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 608, Florida Statutes.

SIGNATURE:  DATE **3/7/08** **305-794-2491**