

# **2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000015965

Entity Name: HAWKINS PARTNERS, LLC

**FILED**  
**Aug 02, 2004**  
**Secretary of State**

**Current Principal Place of Business:**

6000 FAIRVIEW ROAD  
SUITE 1200  
CHARLOTTE, NC 28210

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 6301  
CHARLOTTE, NC 28207

**New Mailing Address:**

FEI Number: 80-0023135

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KUSSNER, STEPHEN L  
201 N. FRANKLIN STREET, SUITE 2200  
TAMPA, FL 33602 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: JENRETTE, JON S  
Address: 400 MAIN ST. SUITE 6-C  
City-St-Zip: ST. SIMONS ISLAND, GA 31522

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: JENRETTE, JON S  
Address: 4209 CAMERON OAKS DRIVE  
City-St-Zip: CHARLOTTE, NC 28211

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: JON S. JENRETTE

MGR

08/02/2004

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date