

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000015965

Entity Name: HAWKINS PARTNERS, LLC

FILED
Sep 03, 2008
Secretary of State

Current Principal Place of Business:

6100 FAIRVIEW ROAD
SUITE 1215
CHARLOTTE, NC 28210

New Principal Place of Business:

7 KINGS LANE
SAINT SIMONS ISLAND, GA 31522

Current Mailing Address:

POST OFFICE BOX 6301
CHARLOTTE, NC 28207

New Mailing Address:

POST OFFICE BOX 30103
SEA ISLAND, GA 31561

FEI Number: 80-0023135 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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:

JENRETTE, JON S
10151 DEERWOOD PARK BLVD BUILDING 200
SUITE 250
JACKSONVILLE, FL 32256 US

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: JON S JENRETTE

09/03/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: JENRETTE, JON S
Address: 10151 DEERWOOD PARK BLVD BLDG #200 STE 250
City-St-Zip: JACKSONVILLE, FL 32256

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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

09/03/2008

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