


LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L 02000003745	
1. Entity Name HAWKEYE HOMES LLC	

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 DEC 19 AM 11:29

500024168525
10/27/03--01069--006 **50.00

12/04

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business P.O. Box 278963	3. Mailing Address P.O. Box 278963
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State MIAMI, FL	City & State DAV MIAMI, FL 33027
Zip 33027-8963	Zip 33027-8963
Country USA	Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 26-0053548	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

7. Name and Address of Current Registered Agent	
Name USA M SANTANDER	
Street Address (P.O. Box Number is Not Acceptable) 1950 SW 153 AV	
City MIAMI	FL Zip Code 33155

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ERNESTO AVILA MANAGER P.O. Box 278963 MIAMI, FL 33027-8963	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGER JOSE CORZO P.O. Box 278963 MIAMI, FL 33027-8963	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 606, Florida Statutes.

SIGNATURE:

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

12/29/03

Date

305-582-0769

Daytime Phone #

CR2E083B (12/02)

Hawkeye Homes LLC.

PO Box 278963
Miramar, Florida 33027-8963

2082

October 14, 2003

Department of State Division of Corporations

Dear Sir or Madam:

I am writing to inform that I have not received my annual report renewal form I was informed by your office to send the renewal fee with the paper work. If you have any question or comments please call me at 305-582-0769

Sincerely,

Ernesto Avila
Manger

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