2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2007
Secretary of State

DOCUMENT# L02000019548

Entity Name: HAWK, SCHKWATT & GODDETT, L.L.C.

Current Principal Place of Business:

608 RICKER AVENUE
SANTA ROSA BEACH, FL 32459

New Principal Place of Business:

Current Mailing Address:

608 RICKER AVENUE
SANTA ROSA BEACH, FL 32459

New Mailing Address:

FEI Number: 55-0791739 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

AMEND, DONNA M
608 RICKER AVENUE
SANTA ROSA BEACH, FL 32459 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/MANAGERS:

Title: MGRM ( ) Delete
Name: FRANCE, GREGORY T
Address: 259 MORRISION AVENUE
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: MGRM ( ) Delete
Name: REICHOW, RON
Address: 3702 S.E. 77TH STREET
City-St-Zip: BERRYTON, KS 66409

Title: MGRM ( ) Delete
Name: AMEND, DONNA M
Address: 608 RICKER AVENUE
City-St-Zip: SANTA ROSA BEACH, FL 32459

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: FRANCE, GREGORY T
Address: 308 LYNN DRIVE
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: DONNA M. AMEND MGRM 04/26/2007

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