

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 23, 2003 8:00 am
Secretary of State

06-03-2003 90020 010 ****55.00

DOCUMENT # L02000029676					
1. Entity Name WHITEHAWK PROPERTIES, LLC					
Principal Place of Business 11790 68TH AVENUE NORTH SEMINOLE FL 33772 <i>11790 68th Ave N</i>			Mailing Address 11790 68TH AVENUE NORTH SEMINOLE FL 33772 <i>11790 68th Ave N</i>		
2. Principal Place of Business 1		3. Mailing Address <i>Seminole, FL 33772</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <i>Seminole, FL</i>		City & State		4. FEI Number <i>42-107-3290</i>	
Zip <i>33772</i>		Country <i>Pinellas</i>		Applied For Not Applicable	
5. Certificate of Status Desired				<input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent O'KANE, MATTHEW R 215 NORTH EOLA DRIVE ORLANDO FL 32801			7. Name and Address of New Registered Agent Name: <i>William B. Cass</i> Street Address (P.O. Box Number is Not Acceptable): <i>11790 68th Ave N</i> <i>Seminole, FL</i> City: <i>FL</i> Zip Code: <i>33772</i>		
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 <i>William B. Cass</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		(NOTE: Registered Agent signature required when reinstating) DATE <i>7/4/03</i>			
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By September 24, 2003					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>William B. Cass, Pres.</i> <i>11790 68th Ave N</i> <i>Seminole, FL 33772</i>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input 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	
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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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 608, Florida Statutes.					
SIGNATURE: <i>William B. Cass</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					
Date				Daytime Phone #	

55052011

☐ CHECK HERE IF MAKING CHANGES

CR2E083 (4/03)