

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L02000029676

1. Entity Name
WHITEHAWK PROPERTIES, LLC



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

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

Principal Place of Business
11790 68TH AVENUE NORTH
SEMINOLE FL 33772

Mailing Address
11790 68TH AVENUE NORTH
SEMINOLE FL 33772

2. Principal Place of Business

3. Mailing Address

Seminole, FL 33772

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Seminole, FL

City & State

4. FEI Number

42-107-3290

Applied For

Not Applicable

Zip

33772

Country

Pinellas

Zip

Country

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

O'KANE, MATTHEW R
215 NORTH EOLA DRIVE
ORLANDO FL 32801

Name

William B. Cass

Street Address (P.O. Box Number is Not Acceptable)

11790 68th Ave N.
Seminole, FL

City

FL

Zip Code

33772

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

Matthew B. Cass

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

(NOTE: Registered Agent signature required when reinstating)

DATE

5/6/03

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Date By September 24, 2003**

B. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

William B. Cass, R.
11790 68th Ave N.
Seminole, FL 33772

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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: *Matthew B. Cass*

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

Date

Daytime Phone #

CR2E083 (4/03)