

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

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90193 029 *****55.00

DOCUMENT # L02000033886

1. Entity Name

HAWK'S CAY RENTAL MANAGEMENT, LLC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

433 PLAZA REAL

Suite, Apt. #, etc.

SUITE 275

3. Mailing Address

433 PLAZA REAL

Suite, Apt. #, etc.

SUITE 275

DO NOT WRITE IN THIS SPACE

City & State

BOCA RATON, FL.

City & State

BOCA RATON, FL.

4. FEI Number

57-1152073

Applied For

Not Applicable

Zip

33432

Country

Zip

33432

Country

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

DONALD H. JOHNSON

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

433 PLAZA REAL, SUITE 275

City

BOCA RATON

FL

Zip Code

33432

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

DONALD H. JOHNSON, PRESIDENT

4-21-03

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
DIRECTOR
DONALD H. JOHNSON
433 PLAZA REAL, SUITE 275
BOCA RATON, FL 33432

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**DO NOT WRITE
IN THIS SPACE**

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:

DONALD H. JOHNSON, PRESIDENT 4/21/03 561-962-4144

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

Date

Daytime Phone #

CR2E083B (12/02)