

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 15, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000001109

1. Entity Name
HAWK'S PRESERVE, L.L.C.



Principal Place of Business

**11220 METRO PARKWAY
SUITE 27
FT MYERS, FL 33912**

Mailing Address

**11220 METRO PARKWAY
SUITE 27
FT MYERS, FL 33912**



03302005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
48-1293811

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**KERVER, W M
11220 METRO PARKWAY
SUITE 27
FT MYERS, FL 33912**

**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.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

000000308192
04/15/05-80082-022 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
SEITZ, AJ
4215 E 60TH ST SUITE 6
DAVENPORT, IA 52807**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
SALATA, RICHARD A
6715 TIPPECANOE RD BLDG B
CANFIELD, OH 44406**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
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CITY - ST - ZIP

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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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)(f), 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:  **W. MICHAEL KERVER, V.P.**

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

3-30-05

Date

239-939-9996

Daytime Phone #