



2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

**FILED**  
**Jan 07, 2005 8:00 am**  
**Secretary of State**

01-07-2005 90023 001 \*\*\*\*50.00

<b>DOCUMENT # L03000016614</b> 1. Entity Name <b>FISHHAWK, LLC</b>					
Principal Place of Business <b>829 BLUE HERON BOULEVARD RUSKIN, FL 33570</b>			Mailing Address <b>829 BLUE HERON BOULEVARD RUSKIN, FL 33570</b>		
2. Principal Place of Business <b>5525 Osprey Ridge Dr. N</b> Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State <b>Lithia, FL</b>		City & State			
Zip <b>33547</b>		Country <b>Hillsborough</b>			
4. FEI Number <b>20-0243459</b>		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				01042005 Chg-LLC CR2E083 (10/03)	
6. Name and Address of Current Registered Agent  <b>WARD, WESLEY L 829 BLUE HERON BOULEVARD RUSKIN, FL 33570</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 <b>Wesley L. Ward MGRM</b> <i>[Signature]</i> <b>01-04-05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NO FC Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is: \$50.00 Due by May 1, 2005			Make check payable to Florida Department of State		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WARD, CAROL 829 BLUE HERON BLVD RUSKIN, FL 33570	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WARD, WASLEY 829 BLUE HERON BLVD RUSKIN, FL 33570	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WARD, Wesley L. 829 Blue Heron Blvd Ruskin, FL 33570	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WARD, Wesley L. 829 Blue Heron Blvd Ruskin, FL 33570	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WARD, Wesley L. 829 Blue Heron Blvd Ruskin, FL 33570	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WARD, Wesley L. 829 Blue Heron Blvd Ruskin, FL 33570	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WARD, Wesley L. 829 Blue Heron Blvd Ruskin, FL 33570	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>[Signature]</i> <b>1/4/05</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					