## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT #L03000030271

1. Entity Name

RED HAWK RESERVE LLC



Principal Place of Business

200 S. WASHINGTON BLVD.

SUITE 8 SARASOTA, FL 34236 Mailing Address

200 S. WASHINGTON BLVD. SUITE 8

SARASOTA, FL 34236

**FILED** Jan 16, 2008 08:00 A Secretary of State



01072008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 68-0568401 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LPS CORPORATE SERVICES, INC. 46 N. WASHINGTON BLVD., SUITE 1 SARASOTA, FL 34236			DO NOT WRITE			
	named entity submits this statement for the purpose of changing ions of registered agent.	ng its registered office or registered	agent, or bo	th, in the State of Florida. 1 am familiar wit	h, and accept	
FILE	Signature, typed or printed name of registered agent and title if applicable  NOWILL FEE IS \$138.75  / 1, 2008 Fee will be \$538.75	(NOTE Registered Agent signature required whe	en reinstating)	DATE		
9.	MANAGING MEMBERS/MANAGERS		- 11.			
TITLE NAME	MGRM RED HAWK INVESTORS, LLC					
STREET ADDRESS	200 S. WASHINGTON BLVD.			65		
CITY-ST-ZIP	SARASOTA, FL 34236	, *****	•	U00000785552 `	$f^{*}(x)$	
TITLE		,	1	01/17/08-80005-008 1	38.75 <sub> </sub>	
NAME			-			
STREET ADDRESS CITY-ST-ZIP		:				
TITLE		· ·	,, , , , , , , , , , , , , , , , , ,			
NAME						
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CITY-ST-ZIP		¥	44)		•	
TITLE NAME			'IN "	THIS SPACE	- 1	
STREET ADDRESS			•			
CITY-ST-ZIP						
TITLE NAME						

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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! 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.

STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

> SIGNATURE AND TYPE INTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

N. I Olivieri

941 365 0450

Daytime Phone #