2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

01-08-2007 90208 032 ****50.00

FILED **DOCUMENT #L04000020367** Jul 02, 2007 8:00 A.M. 1. Entity Name LONE HAWK HOLDINGS, LLC Secretary of State Principal Place of Business Mailing Address 263 OCEAN BLVD. 263 OCEAN BLVD. **GOLDEN BEACH, FL 33160** GOLDEN BEACH, FL 33160 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01052007 Chg-LLC CR2E083 (12/06) Applied For City & State City & State Not Applicable \$5.00 Additional Country Zip Country Zio 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 5. Name and Address of Current Registered Agent REGISTERED AGENTS OF FLORIDA, LLC Street Address (P.O. Box Number is Not Acceptable) 100 SOUTHEAST 2ND STREET, STE. 2900 MIAMI, FL 33131 Zip Code City FL 8. The above named ontity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Rixida. I am familiar with, and accept SIGNATURE Sgrauss, typed or proend name of registered agent and tale if applicable. DATE (NOTE: Regulational Agent aigmakers required when rematating) Make check payable to Filing Fee is \$50.00 Due by May 1, 2007 Florida Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. 9. ☐ Change Addition MGRM ☐ Delete NILE TITLE ISRAEL, KENNETH MGRM MARKE MANIE STREET ADDRESS STREET ADDRESS 263 OCEAN BLVD GOLDEN BEACH, FL 33160 CITY-ST-7P CITY-ST-71P Change Addition TITLE TITLE Detere MALGO NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP Chance ☐ Addition ☐ Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - SI - AP CITY-ST-ZIP ■ Addition ☐ Change ☐ Delcte BILE NTLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-51-70 CITY-SI-ZIP Channe ■ Addition ☐ Delete DTLE TITLE NAME : NUME STREET ADDRESS STREET ADDRESS CITY-51-70 CITY-ST-ZZP Change ☐ Addition Detete DILE TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-7P CITY-ST-ZIP 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 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.

KENNETH ISPACL