

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED

Mar 19, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000029749 1. Entity Name HAWICK VILLAS, L.L.C.					
Principal Place of Business 1115 ATLANTA AVENUE ORLANDO FL 32806			Mailing Address 1115 ATLANTA AVENUE ORLANDO FL 32806		
2. Principal Place of Business - No P.O. Box # Suite, Apt #, etc.		3. Mailing Address Suite, Apt #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 43-2052209 ☐ Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				1st MOORE CR2E083 (10/06)	
6. Name and Address of Current Registered Agent HUGGINS, ROBERT A 1115 ATLANTA AVENUE ORLANDO FL 32806			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 <u>Robert A Huggins manager</u> 3/15/07 (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY ST ZIP	MGR HUGGINS, ROBERT A 1115 ATLANTA AVENUE ORLANDO FL 32806	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP	MGR HUGGINS, NADA T 1115 ATLANTA AVENUE ORLANDO FL 32806	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.					
SIGNATURE: <u>Robert A Huggins manager</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			3/15/07 407-832-9675 Date Daytime Phone #		

