

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 13, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L04000031466</b> 1. Entity Name SEAHAWK DEVELOPMENTS LLC	
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Principal Place of Business 7867 LA MIRADA DRIVE BOCA RATON, FL 33433	Mailing Address 7867 LA MIRADA DRIVE BOCA RATON, FL 33433
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**DO NOT WRITE IN THIS SPACE**



03112008No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-1046582	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

FARKAS, GEORGE  
7867 LA MIRADA DR.  
BOCA RATON, FL 33433

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

000000856750  
03/28/08-80024-018 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FARKAS, GEORGE 7867 LA MIRADA DR. BOCA RATON, FL 33433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VASQUEZ, CARLOS J 7867 LA MIRADA DR BOCA RATON, FL 33433
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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.

**SIGNATURE:** George Farkas **MANAGER** 03/12/08 561 394 8955  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #