

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000039924

Entity Name: HAWKEYE HOLDINGS, LLC

FILED
Apr 15, 2008
Secretary of State

Current Principal Place of Business:

802 137TH STREET E
BRADENTON, FL 34212

New Principal Place of Business:

8221 241ST STREET E
MYAKKA CITY, FL 34251

Current Mailing Address:

802 137TH STREET E
BRADENTON, FL 34212

New Mailing Address:

8221 241ST STREET E
MYAKKA CITY, FL 34251

FEI Number: 76-0760940

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOOLEY, DONALD E
802 137TH STREET E
BRADENTON, FL 34212 US

Name and Address of New Registered Agent:

HOOLEY, DONALD E
8221 241ST STREET E
MYAKKA CITY, FL 34251 US

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.

SIGNATURE:

04/15/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: HOOLEY, DONALD E
Address: 802 137TH STREET E
City-St-Zip: BRADENTON, FL 34212

Title: MGRM () Delete
Name: BAILEY-HOOLEY, CARLENE A
Address: 802 137TH STREET E
City-St-Zip: BRADENTON, FL 34212

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: HOOLEY, DONALD E
Address: 8221 241ST STREET E
City-St-Zip: MYAKKA CITY, FL 34251

Title: MGRM (X) Change () Addition
Name: BAILEY-HOOLEY, CARLENE A
Address: 8221 241ST STREET E
City-St-Zip: MYAKKA CITY, FL 34251

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DONALD E HOOLEY

MGR

04/15/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date