

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

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

<b>DOCUMENT # L04000089917</b> 1. Entity Name FISHHAWK OFFICE PARK, LLC	
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Principal Place of Business 27001 U.S. HWY. 19 NORTH SUITE 2095 CLEARWATER, FL 33761	Mailing Address 27001 U.S. HWY. 19 NORTH SUITE 2095 CLEARWATER, FL 33761
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**DO NOT WRITE IN THIS SPACE**



02272008No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-2048202	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

POLLACK, LOREN M  
27001 US HWY 19N, STE 2095  
CLEARWATER, FL 33761

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STUART S GOLDING CO 27001 US HWY 19 N, STE 2095 CLEARWATER, FL 33761
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BEBBER, GREG V 27001 US HWY 19 N, STE 2095 CLEARWATER, FL 33761
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM IVY REALTY TRUST 27001 US HWY 19 N, STE 2095 CLEARWATER, FL 33761
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM OTERO, CHARLIE 27001 US HWY 19N STE 2095 CLEARWATER, FL 33761
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

U000000901617  
04/28/08-80075-015 143.75

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:**  **3/16/08** **727 796-1077**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #