

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000048371

FILED
Apr 29, 2009
Secretary of State

Entity Name: HAWK NATIONAL TRUST, LLC

Current Principal Place of Business:

2328 TENTH AVENUE NORTH, SUITE 402
LAKE WORTH, FL 33461

New Principal Place of Business:

Current Mailing Address:

2328 TENTH AVENUE NORTH, SUITE 402
LAKE WORTH, FL 33461

New Mailing Address:

FEI Number: 59-3807309

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RUKIN, ROGER B
2328 TENTH AVENUE NORTH, SUITE 402
LAKE WORTH, FL 33461 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: RUKIN, JAMES B
Address: 2328 TENTH AVENUE NORTH, SUITE 402
City-St-Zip: LAKE WORTH, FL 33461

Title: MGRM () Delete
Name: RUKIN, JULIA R
Address: 2328 TENTH AVENUE NORTH, SUITE 402
City-St-Zip: LAKE WORTH, FL 33461

Title: MGR () Delete
Name: RUKIN, ROGER B
Address: 2328 TENTH AVENUE NORTH, SUITE 402
City-St-Zip: LAKE WORTH, FL 33461

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ROGER B. RUKIN

MGR

04/29/2009

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