

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000050601

FILED  
Apr 30, 2012  
Secretary of State

**Entity Name:** HAWKS PRESERVE OFFICE RETAIL LLC

**Current Principal Place of Business:**

431 SE 20TH CT.  
CAPE CORAL, FL 33990 US

**New Principal Place of Business:**

**Current Mailing Address:**

431 SE 20TH CT  
CAPE CORAL, FL 33990 US

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MAKI, ELIZABETH  
431 SE 20TH CT  
CAPE CORAL, FL 33990 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: MGMR  
Name: MAKI, ELIZABETH  
Address: 431 SE 20TH CT  
City-St-Zip: CAPE CORAL, FL 33990 US

Title: MGR  
Name: IRIARTE, IGNACIO MR&MRS  
Address: 324 SE 21 AVE  
City-St-Zip: CAPE CORAL, FL 33990 US

Title: MGR  
Name: DAVIS, DAVID MR&MRS  
Address: 1193 ROBERT LANE  
City-St-Zip: MARIETTA, GA 30062 US

Title: MGR  
Name: GIGLIOTTI, NEAL MR&MRS  
Address: 7330 HILLCREST DR  
City-St-Zip: MACUNGIE, PA 18062 US

Title: MGR  
Name: KRALICK, KENNETH A MR&MRS  
Address: 1848 BOLADO PKWY  
City-St-Zip: CAPE CORAL, FL 33990 US

Title: MGR  
Name: CARVER, JACK MR&MRS  
Address: 630 ASTARIAS CIR  
City-St-Zip: FORT MYERS, FL 33919 US

I hereby 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: ELIZABETH MAKI

MGMR

04/30/2012

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