

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR)**

DOCUMENT # L05000059952

1. Entity Name

HAWK PROPERTIES, LLC



**FILED
Feb 27, 2006 8:00 am
Secretary of State**

02-27-2006 90431 008 ****55.00



1st MOORE CR2E083 (10/05)

Principal Place of Business P.O. BOX 1486 Suite, Apt. #, etc.		Mailing Address P.O. BOX 173 FAR HILLS NJ 07931	
2. Principal Place of Business P.O. Box 1486 Suite, Apt. #, etc.		3. Mailing Address	
City & State NEW SMYRNA BEACH, FL Zip 32170		City & State Country USA	
6. Name and Address of Current Registered Agent MAZZOCCHI, MARY 5221 SOUTH ATLANTIC AVENUE, UNIT 205 NEW SMYRNA FL 32169		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

4. FEI Number 61-1490258	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	

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

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

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition M GRM FREDERICK B. MOND 28 HURLINGHAM BLUB RD. FAR HILLS NJ 07931
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Fred B. Mondi **2-16-06** **908-719-9553**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE
 Daytime Phone #