

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000068632

Entity Name: FISHHAWK ELC, LLC

FILED  
Apr 17, 2006  
Secretary of State

**Current Principal Place of Business:**

5632 OSPREY PARK PLACE  
LITHIA, FL 33547

**New Principal Place of Business:**

**Current Mailing Address:**

5632 OSPREY PARK PLACE  
LITHIA, FL 33547

**New Mailing Address:**

FEI Number: 20-3168693

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

DOWD, JEFFREY A P.A  
609 WEST LUMSDEN ROAD  
BRANDON, FL 33511 US

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

JEFFREY A. DOWD, P.A.  
609 WEST LUMSDEN ROAD  
BRANDON, FL 33511 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: JEFFREY A. DOWD, PRES

04/17/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: GONZALEZ, BEVERLY J  
Address: 5632 OSPREY PARK PLACE  
City-St-Zip: LITHIA, FL 33547

Title: ST ( ) Delete  
Name: GONZALEZ, BEVERLY J  
Address: 5632 OSPREY PARK PLACE  
City-St-Zip: LITHIA, FL 33547

**ADDITIONS/CHANGES:**

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 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: BEVERLY J. GONZALEZ

MNGR

04/17/2006

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