## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Jan 12, 2007 08:00 AM Secretary of State

9417480151

DOCUMENT # L06000068657  1. Entity Name JIM HAWKINS ENTERPRISES, LLC							S	ecretar	y o	f Stat
Principal Plac	ce of Business		Mailing Address							
321 32ND ST. W. Bradenton, Fl. 34205			321 32ND ST. W.							
DKADENTON	1, FL 34205		BRADENTON, FL 342	US				ii GBI(B G)(G) 16)(B B)(	8) G()   )88	
2. Principal F	Place of Business	- No P.O. Box #	3. Mailing Address							
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Suite, Apt.	. #, etc		Suite, Apt. #, etc.			01052007	Chg-LLC	CR2E083 (	12/06)	
City & Stat	te		City & State			4. FEI Number 74-3183			-	plied For t Applicable
Zıp	Zip Country		Zip Coun		try	\$E 00				
			Deviational Amena	<u>l</u> ,			5. Certificate of Status Desired Fee Required  7. Name and Address of New Registered Agent			
	b. Name and	d Address of Current	ragistered Agent		Name	7. Name and A	uaress of New R	egisterea Agen		
HAWKINS 1023 MAN	S, JOHN D JATEE AVENI	JE WEST				s (P.O. Box Number	is Not Acceptable	ə)	<del></del>	
	ON, FL 3420				<u> </u>					
			, .		City			- I	Zip Code	
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the obligat	tions of registered		or the purpose of changing its	s ragistara	sa onice or regise	tered agent, or both	, in the State of the	ma. Tamramii	CI WISTI,	and accept
SIGNATURE										
	Signature, typed or pri	nted name of registered agent	and tille if applicable (NOT	TE, Registered	d Agent signature requir	red when reinstaling)		DATE		
F	iling Fee is \$ ue by May 1,	50.00	and title if applicable (NOT	FE. Registered	d Agent signature requir	red when reinstaling)		e check payat a Department o		
F	iling Fee is \$	50.00		TE. Registered	3 Agent signature requir	red when reinstating}		e check payat a Department o		,
9. 111LE	iling Fee is \$ ue by May 1,	50.00 2007 MANAGING MEMBE		10.		red when reinstalling}	ADDITIONS	e check payat a Department of CHANGES		Addition
9.	iling Fee is \$ ue by May 1,	550.00 , 2007 MANAGING MEMBE AMES	ERS/MANAGERS	10. TITLE NAME		red when reinstalling}	ADDITIONS:	e check payat a Department of CHANGES	Of State	Addition
9. TITLE NAME	iling Fee Is \$ ue by May 1,  MGRM  HAWKINS, JA	550.00 2007 MANAGING MEMBE AMES . W.	ERS/MANAGERS	10. TITLE NAME STREE		red when reinstating}	ADDITIONS	e check payat a Department of CHANGES	Of State	Addition
9. TITLE NAME SIREET ADDRESS CITY-SI-ZIP TITLE	MGRM HAWKINS, JA 321 32ND ST	550.00 2007 MANAGING MEMBE AMES . W.	ERS/MANAGERS	10. TITLE NAME STREE CITY-	E ET ADDRESS -ST-ZIP	red when reinstaling}	ADDITIONS:	e check payaba Department of CHANGES  584710  80045-025	Of State	Addition
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SIGNATURE:

John D. Hawkins, Authorized Rep.

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE