2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000068657

1. Entity Name

JIM HAWKINS ENTERPRISES, LLC



FILED Jan 18, 2008 08:00 AM Secretary of State

Principal Place of Business

321 32ND ST. W. BRADENTON, FL 34205 Mailing Address

321 32ND ST. W. BRADENTON, FL 34205



DO NOT WRITE IN THIS SPACE

4. FEI Number

CR2E083 (12/07)

4. FEI Number 74-3183770

Applied For Not Applicable

5. Certificate of Status Desired

of a frequency of the section for

\$5.00 Additional

6. Name and Address of Current Registered Agent

and the resulting the said of the

HAWKINS, JOHN D 1023 MANATEE AVENUE WEST BRADENTON, FL 34205

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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 \$138.75 After May 1, 2008 Fee will be \$538.75 U00000788708 01/18/08-80054-003 138.75

MANAGING MEMBERS/MANAGERS **MGRM** TITLE NAME HAWKINS, JAMES STREET ADDRESS 321 32ND ST. W. BRADENTON, FL 34205 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY+ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 1 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:

A---

JOHN D. HAWKINS, AUTH. REP. 1-16-08 941748015

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

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