

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 24, 2008 08:00 A
Secretary of State

DOCUMENT # L06000073813

1. Entity Name
HAWKINS-HAWKINS, LLC



Principal Place of Business C/O JACK HAWKINS 1023 MANATEE AVE. W. BRADENTON, FL 34205	Mailing Address C/O JACK HAWKINS 1023 MANATEE AVE. W. BRADENTON, FL 34205
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01142008 No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 57-1240094	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**HAWKINS, JOHN D
 1023 MANATEE AVE. W.
 BRADENTON, FL 34205**

DO NOT WRITE IN THIS SPACE

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

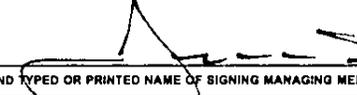
9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HAWKINS, ROBERT B D.M.D 1023 MANATEE AVE.W. BRADENTON, FL 34205
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HAWKINS, DEBRA A 1023 MANATEE AVE.W. BRADENTON, FL 34205
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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U00000795999
 01/29/08-80014-010 138.75

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 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:  **JOHN D. HAWKINS, AUTH. REP. 1-16-08 9417480151**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #