2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000081659

Entity Name: HAWKINS & HAWKINS, P.L.

FILED Mar 27, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

3520 NW 41ST TERRACE 424-C NE 6TH ST

GAINESVILLE, FL 32606 US GAINESVILLE, FL 32601 US

Current Mailing Address: New Mailing Address:

P.O. BOX 13051

GAINESVILLE, FL 32604 US

FEI Number: 20-5459802 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

HAWKINS, ALAN T 3520 NW 41ST TERRACE HAWKINS, ALAN T 424-C NE 6TH ST

GAINESVILLE, FL 32606 US GAINESVILLE, FL 32601 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: ALAN T HAWKINS 03/27/2007

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

itle: MGRM () Delete Title: MGRM (X) Change () Addition

 Name:
 HAWKINS, ALAN T
 Name:
 HAWKINS, ALAN T

 Address:
 3520 NW 41ST TERRACE
 Address:
 424-C NE 6TH ST

City-St-Zip: GAINESVILLE, FL 32606 US City-St-Zip: GAINESVILLE, FL 32601 US

Title: MGRM () Delete Title: MGRM (X) Change () Addition

 Name:
 HAWKINS, WILLIAM T
 Name:
 HAWKINS, WILLIAM T

 Address:
 3520 NW 41ST TERRACE
 Address:
 408 NW 4TH AVE

City-St-Zip: GAINESVILLE, FL 32606 US City-St-Zip: GAINESVILLE, FL 32601 US

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: ALAN T HAWKINS MGRM 03/27/2007