


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 14, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L06000122430</b> 1. Entity Name <b>HAWK-I-LABS, LLC</b>	
---	---

Principal Place of Business <b>1567 HAYLEY LANE, SUITE 101 FORT MYERS, FL 33907</b>	Mailing Address <b>1567 HAYLEY LANE, SUITE 101 FORT MYERS, FL 33907</b>
--	--

<b>DO NOT WRITE IN THIS SPACE</b>
-----------------------------------



01082008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number <b>20-8897385</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>WHITESMAN, GUY E 1715 MONROE STREET FORT MYERS, FL 33901</b>
--

<b>DO NOT WRITE IN THIS SPACE</b>
---------------------------------------

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

U00000784131  
01/16/08-80033-017 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR EATON, ALEXANDER M 1567 HAYLEY LANE, SUITE 101 FORT MYERS, FL 33907</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM FRANTZ, JONATHAN M 12731 NEW BRITTANY BOULEVARD FORT MYERS, FL 33907</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM WAFAPOR, HUSSEN 1567 HAYLEY LANE, SUITE 101 FORT MYERS, FL 33907</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<b>DO NOT WRITE IN THIS SPACE</b>
---------------------------------------

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:  **Alexander M. Eaton**