## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L06000122809

Entity Name: SHOCKHAWK LLC

Name:

Address:

City-St-Zip:

41 W 330 BIETH PLACE

ELBURN, IL 60119 US

FILED Jul 16, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 1425 BRICKELL AVE UNIT 44C MIAMI, FL 33131 **Current Mailing Address: New Mailing Address:** 1425 BRICKELL AVE UNIT 44C MIAMI, FL 33131 US FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired (X) In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WEISZ, MICHEL O ESQ 9350 SOUTH DIXIE HWY STE 1500 MIAMI, FL 33156 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: Title: () Change () Addition MGR () Delete ROLLS, C SHANE Name: Name: Address: 1425 BRICKELL AVE, 44C Address: City-St-Zip: MIAMI, FL 33131 US City-St-Zip: Title: MGR ( ) Delete Title: () Change () Addition Name: WETTIG, MARK Name: Address: 1425 BRICKELL AVE. 44C Address: City-St-Zip: MIAMI, FL 33131 US City-St-Zip: Title: MGR () Delete Title: () Change () Addition SOMMESE, FRANK L III Name: Name: 2251 N MAGNOLIA AVE Address: Address: City-St-Zip: CHICAGO, IL 60614 US City-St-Zip: ( ) Delete Title: MGR Title: () Change () Addition GENNARELLI, JEFFREY

I hereby certify that the information supplied with this filing does not qualify 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.

Name:

Address:

City-St-Zip:

SIGNATURE: C SHANE ROLLS 07/16/2008