2008 LIMITED LIABILITY COMPANY

ANNUAL REPORT

Secretary of State DOCUMENT # L07000023684 05-01-2008 90034 043 ***143.75 HAWKSHAW VILLAGE, LLC Principal Place of Business Mailing Address 30008357 380 LURTON STREET 380 LURTON STREET PENSACOLA, FL 32505 PENSACOLA, FL 32505 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 05282008 Chg-LLC CR2E083 (12/06) Applied For City & State City & State 4 FFI Number Not Applicable \$5.00 Additional Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Charles F. James, IV HUSTON, GARY W Street Address (P.O. Box Number is Not Acceptable) 125 W ROMANA STREET, STE 800 <u>125 W. Romana. Suite 800</u> PENSACOLA, FL 32502 City Zip C32502 FL Pensacola 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. 1 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 \$538.75 Make check payable to Due by September 12, 2008 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. Manager TITLE ☐ Delete TITLE Change Addition NAME NAME James C. Moulton STREET ADDRESS STREET ADDRESS 380 Lurton St. CITY-ST-ZIP CITY-ST-ZIP Pensacola, FL 32505 Delete TITLE ☐ Change **Addition** TITLE Manager NAME NAME Robert W. Moulton STREET ADDRESS STREET ADDRESS 380 Lurton St. CITY-ST-ZIP CITY-ST-ZIP Pensacola, FL TITLE Delete TITLE Manager ☐ Change **₹** Addition Mary E. Moulton 380 Lurton St. NAME NAME STREET ADDRESS STREET ADDRESS CITY ST- ZIP CITY-ST-ZIP Pensacola, FL 32505 ☐ Detete TITLE Change TITLE Addition Manager NAME NAME Martha M. Moulton STREET ADDRESS STREET ADDRESS 380 Lurton St. CITY-ST-ZIP CITY-ST-ZIP <u>Pensacola, FL</u> ☐ Delete TITLE ☐ Change ... Addition TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE ☐ Change ☐ Addition

FILED Jun 02, 2008 8:00 am

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.

NAME

STREET ADDRESS

CITY-ST-ZIP

NAME

STREET ADDRESS

CITY - ST - ZIP

Mari SIGNATURE AND THE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE