

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

**FILED**  
**May 05, 2008 8:00 am**  
**Secretary of State**

05-05-2008 90039 035 \*\*\*143.75

**DOCUMENT # L07000096335**

1. Entity Name

**HAWK PROPERTY ENTERPRISES, LLC**



Principal Place of Business

**9378 COBBLESTONE BROOKE COURT  
BOYNTON BEACH FL 33472  
US**

Mailing Address

**9378 COBBLESTONE BROOKE COURT  
BOYNTON BEACH FL 33472  
US**

2. Principal Place of Business - No P.O. Box #

**10610 FOREST HILL AVE**

3. Mailing Address

Suite, Apt. #, etc.

**SUITE # 20**

City & State  
**Boynton Beach FL**

City & State

Zip  
**33414**

Country  
**FLA Beach**

Zip

Country

4. FEI Number

**26-2082322**

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$5.00 Additional  
Fee Required**

1st MOORE

CR2E083 (10/07)



6. Name and Address of Current Registered Agent

**SLUSHER, JEREMY E ESQ.  
ONE NORTH CLEMATIS STREET  
SUITE 500  
WEST PALM BEACH FL 33401**

7. Name and Address of New Registered Agent

Name **G B S ASSOC. ATT. LINDA SCRIVAN**  
Street Address (P.O. Box Number is Not Acceptable)  
**2030 MORANO WAY DRIVE**  
**Boynton Beach FL**  
City **FL 33435**

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 reappointing)

DATE

**FILE NOW!!! FEE IS \$138.75**

**After May 1, 2008, Fee Will Be \$538.75**

**Make Check Payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete  
NAME **DIFALCO, CHARLES**  
STREET ADDRESS **9378 COBBLESTONE BROOKE COURT**  
CITY-ST-ZIP **BOYNTON BEACH FL 33472**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

**Charles E. Difalco** **MGRM**

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

DATE

Display Phone #

**954 776 0590**