

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000097612

FILED  
Jan 23, 2009  
Secretary of State

Entity Name: HAWKS GATE INVESTORS LLC

## Current Principal Place of Business:

1643 BRICKELL AVENUE #1505  
MIAMI, FL 33129

## New Principal Place of Business:

1643 BRICKELL AVENUE  
#1505  
MIAMI, FL 33129

## Current Mailing Address:

1643 BRICKELL AVENUE #1505  
MIAMI, FL 33129

## New Mailing Address:

1643 BRICKELL AVENUE  
#1505  
MIAMI, FL 33129

FEI Number: 26-1210280

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

RUSSO, NANCY  
1643 BRICKELL AVENUE #1505  
MIAMI, FL 33129 US

## Name and Address of New Registered Agent:

RUSSO, NANCY  
1643 BRICKELL AVENUE  
#1505  
MIAMI, FL 33129 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:

01/23/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: RUSSO, NANCY  
Address: 1643 BRICKELL AVENUE #1505  
City-St-Zip: MIAMI, FL 33129

Title: MGRM ( ) Delete  
Name: RABIN, SUSAN  
Address: 60 EDGEWATER DRIVE #6E  
City-St-Zip: CORAL GABLES, FL 33133

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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.

SIGNATURE: NANCY RUSSO

MGR

01/23/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date