

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000002856

Entity Name: HAWK HELEN PROPERTIES, LLC

FILED
Feb 26, 2009
Secretary of State

Current Principal Place of Business:

170 NEWPORT DR APT 1102
NAPLES, FL 34114 US

New Principal Place of Business:

170 NEWPORT DR
APT 1102
NAPLES, FL 34114 US

Current Mailing Address:

170 NEWPORT DR APT 1102
NAPLES, FL 34114 US

New Mailing Address:

170 NEWPORT DR
APT 1102
NAPLES, FL 34114 US

FEI Number: 26-1705941

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAWKINS, CHARLES
170 NEWPORT DR APT 1102
NAPLES, FL 34114 US

Name and Address of New Registered Agent:

HAWKINS, CHARLES F
170 NEWPORT DR
APT 1102
NAPLES, FL 34114 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: CHARLES F. HAWKINS

02/26/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HAWKINS, CHARLES
Address: 170 NEWPORT DR APT 1102
City-St-Zip: NAPLES, FL 34114 US

Title: MGRM (X) Delete
Name: HAWKINS, BONNIE
Address: 170 NEWPORT DR APT 1102
City-St-Zip: NAPLES, FL 34114 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: HAWKINS, CHARLES F
Address: 170 NEWPORT DR, APT 1102
City-St-Zip: NAPLES, FL 34114 US

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: CHARLES F. HAWKINS

MGRM

02/26/2009

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