2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000036945

Entity Name: TOOL HAWKER, LLC

FILED Apr 13, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

5392 TOWER ROAD
TALLAHASSEE, FL 32303 US
370 LESLIE LEWIS ROAD
HAVANA, FL 32333 US

Current Mailing Address: New Mailing Address:

5392 TOWER ROAD
TALLAHASSEE, FL 32303 US
370 LESLIE LEWIS ROAD
HAVANA, FL 32333 US

FEI Number: 33-1211237 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

TRAWICK, JAMES C II
5392 TOWER ROAD
TALLAHASSEE, FL 32303 US
TRAWICK, JAMES C II
370 LESLIE LEWIS ROAD
HAVANA, FL 32333 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: 04/13/2009

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGRM () Delete Title: MGRM (X) Change () Addition

 Name:
 TRAWICK, JAMES C II
 Name:
 TRAWICK, JAMES C II

 Address:
 5392 TOWER ROAD
 Address:
 370 LESLIE LEWIS ROAD

 City-St-Zip:
 TALLAHASSEE, FL 32303 US
 City-St-Zip:
 HAVANA, FL 32333 US

Title: MCRM () Delete Title: () Change () Addition

 Name:
 GUY, GREG
 Name:

 Address:
 2509 TWIN LAKES DRIVE
 Address:

 City-St-Zip:
 BAINBRIDGE, GA 39819 US
 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: JAMES C TRAWICK, II MCRM 04/13/2009