2001	UNIFORM	BUSINESS	REPORT	(UBR)
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1. Entity Nam	MENT # L9500 HAWKER, L.C.	0000979	•			r. Fil	_ED		2
Principal Plac 223 SUNSET PALM BEACH	AVE., SUITE 223	Mailing Address 223 SUNSET AVE SUITE 223 PALM BEACH FL 33480				OI APR 13 PM 5: 00 SECRETARY OF STATE THI ANASSEE FI ORIDA			
2. Principal Place of Business		3. Mailing Address				- I (BERKU) BYE KARU BIKK BOKK BOKK BUKK BUKK BUKK BUKK BUKK BU			
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
City & State .		City & State		4. FEIN	65-0627662		Applied For Not Applicable	∃	
Zip	Country	Zip	Country			ficate of Status Desired	Fee Re	Additional equired	
	6. Name and Address of Current F	Registered Agent		Name	7. Nam	e and Address of New Regi	stered Agent		┥╌
VALDES-FAULI CORPORATE SERVICES, INC. 777 S. FLAGLER DR., STE. 500E			,	Street Address (P.O. Box Number is Not Acceptable)				_	
WEST PALM BEACH FL 33401				City			FI Zin	Code	-
		 		····	City FL Zip Code office or registered agent, or both, in the State of Florida.				4
make offects rayable to bepartment of state)10107 }.00 ***	1 9 8 7020 ***50.00	
9.	MANAGING MEMBE		10.			ADDITIONS/CH	ANGES Cha	ange	-de
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COOK, EDWARD W 223 SUNSET AVE., SUITE 223 PALM BEACH FL 33480	⊠ Delete		E Et aûdress St-zip	<u> </u>				R2E083 (11/00)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COOK, PATRICIA L 223 SUNSET AVE., SUITE 223 PALM BEACH FL 33480	ੁੱ ੱ , Delete		بارا ا	LEUBER	AMICIA L.	CAT	ange Addition	CR
NAME STREET ADDRESS CITY-ST-ZIP	MGR COOK, MARK W 223 SUNSET AVE., SUITE 223 PALM BEACH FL 33480	T Defete Defete			\$ 4 ° 58		☐ Cha	inge Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		ET ADDRESS ST-ZIP	KANAGE BUNALPAI BUN BEN BEN	L U MANAGEUEU USET AVENUE UH, FLORIUM 3	Cha Cha SUITE SUBD	ange Addition	
TITLE NAME STREET ADDRESS CITY-61-ZIP	1	☐ Delete			PEUBER CEVOU CEVOU PS BUN THE CO		Eowace SU(TE 23480	a.W COOK	
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		- 1			☐ Cha		
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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. MRICH W- COOK									
SIGNATURE: MINIMATED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Despring Phone #									