## 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: SIGN A WINCE THE COURT ED SIGNATURE AND TYPED OR PRINTED HAME OF SIGNAND MANAGEM OF MANAGER OR AUTHORIZED REPRESENTATIVE

	HIFORM BOSINE	133 NEPUN	VOB	<u>n,</u>	7/31/	2003-90046-024-	\$50.00-\$50.	.00		
DOCU 1. Entity Nam	MENT # <b>L95000</b> 0	00979				FILE				
APACHE I	HAWKER, L.C.	/				2003 AUG 14	PM 3: 5	5		
Oringinal Plan	an of Durings	Molling Address			91	VITIONIOF COL	<b>PORATIC</b>	INS		
223 SUNSET AV PALM BEACH F		Business  3. Mailing Address  3. Mailing Address  Suite, Apt. #, etc.  City & State  Country  Zip  Country  ALEAHASSEE, FLORIDA  ALEAHASEE, FLORIDA  ALEAHAS								
					1 110018	in near 1968) march abert 2010. It	ezdet Genie Bâtên a di		A18 (21) (81)	
2 Principal P	Place of Business	3. Mailing Address							118 1811 17 <b>8</b> 1	
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City & Stat	Beach, FL		ah, F	T	4. FEI Num	ber <b>65-0627662</b>		<del></del>	oplied For ot Applicable	
zip 33480	Country	zip 33480	Country いらA		6. Certifical	te of Status Desired		00 Add		
<u> </u>	6. Name and Address of Current			<u></u>	7. Name an	d Address of New Re			<u> </u>	
				me			: ===-^			
VALDES-FAULI CORPORATE SERVICES, INC. 777 S. FLAGLER DR., STE. 500E WEST PALM BEACH FL 33401				eet Address (	Address (P.O. Box Number is Not Acceptable)					
W.CO	I FADRI OCADITI C SOMI		}			•				
			Ci	ly	<del></del>		FL	Zip Cod	Ø	
8. The above	named entity submits this statement to	or the purpose of changing its	registered of	ice or register	red agent, or b	oth, in the State of Flor		lar with.	and accept	
	ions of registered agent.	, , , , , , , , , , , , , , , , , , ,			,			,		
SIGNATURE .	Signature, typed or printed name of registered agent	The state of the s	- Danisana Anna	t signature required	lubaa mimulatan	<del></del>	DATE	<del></del> ,		
	Officeries share or bruster upone or reflectation effects.				ALIMEL (DELETETATION)		- OAIE			
		Make Check Payabl	OW!!! FEE	-	nt of State	• .				
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9.	MANAGING MEMBE		10.			ADDITIONS/0	CHANGES			
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NAME STREET ADDRESS			NAME CTREET ADD	25.50						
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,	Lertify that the information supplied with	this filling does not qualify for	┛		otion 119 07/21	(i) Florida Statutas 15	urther carriés al	at the :-	formation	
indicated	on this report is true and accurate and blitty company or the receiver or trustee	that my signature shall have t	he same lega	l effect as if m	ade under oath	n; that I am a managir	ng member or r	nanager	of the	

5/1/2003-90271-007-\$50.00-\$50.00 \*