

**FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

**LIMITED PARTNERSHIP
ANNUAL REPORT
1997**



FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
96 NOV -7 PM 3: 30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1. Name of Limited Partnership	1a. DOCUMENT # A23382
HAWTHORNE PROPERTIES, LTD.	

97-AR
CM

Mailing Address 910 FORT LANE DRIVE ORLANDO FL 32806	Principal Office Address 910 FORT LANE DRIVE ORLANDO FL 32806	3. Date Formed or Registered 10/06/1986	5a. Capital Contributions as Shown on record \$2,032,437.19
2. Mailing Address	2a. Principal Office Address	3a. Date of Last Report 12/26/1995	5b. Amount of Capital Contributions in FLORIDA to date
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. State or Country of Formation FL	☐ Applied For ☐ Not Applicable
City & State	City & State	6. FEI Number 59-2721741	
Zip	Country	7. Certificate of Status Desired	☐ \$8.75 Additional Fee Required
8. Make check payable to: Dept. of State (See reverse side for fee information)			

9. Name and Address of Current Registered Agent HAWTHORNE, JAMES T 910 FORT LANE DR. ORLANDO FL 32806	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) 200002006302--8 Suite, Apt. #, etc. -11/15/96--01091--019 City ***576.25 FL ***576.25
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10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named Limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
HAWTHORNE, JAMES T	910 FORT LANE DR.	ORLANDO FL	
HAWTHORNE, CHARLES E	8328 SILVER STAR RD.	ORLANDO FL	
SHUMAN, BETTY H	9941 TIMBER OAKS CT.	ORLANDO FL	
HAWTHORNE, WILLIAM H	508 N. WOODLAND ST.	WINTER GARDEN FL	

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the Limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE *James J. Hawthorne*

DATE **Nov. 15, 1996**
(407) 894-6086

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

CR2003 (6/96)