# 2005 LIMITED PARTNERSHIP ANNUAL REPORT
## Due By May 1, 2005

FILED
2005 APR 28 PM 2:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A23382

1. Entity Name
HAWTHORNE PROPERTIES, LTD.

| Principal Place of Business | Mailing Address |
|---|---|
| 910 FORT LANE DRIVE<br>ORLANDO, FL 32806 | 910 FORT LANE DRIVE<br>ORLANDO, FL 32806 |

02092005 Chg-LP CR2E003 (10/03) 3/17

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 3808 DOUNE WAY<br>Suite, Apt. #, etc. | 3808 DOUNE WAY<br>Suite, Apt. #, etc. |
| City & State: CLERMONT, FL | City & State: CLERMONT, FL |
| Zip: 34711 Country: | Zip: 34711 Country: U.S. |

4. FEI Number: 59-2721741 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| HAWTHORNE, JAMES T<br>910 FORT LANE DR.<br>ORLANDO, FL 32806 | Name: CHARLES HAWTHORNE<br>Street Address (P.O. Box Number is Not Acceptable): 3808 DOUNE WAY<br>City: CLERMONT FL Zip Code: 34711 |

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Charles E Hawthorne/NH DATE
Signature, typed or printed name of registered agent and title if applicable.

| 9. Capital Contributions as Shown on record | 10. Amount of Capital Contributions in FLORIDA to date. |
|---|---|
| $2,032,437.19 | FF #526.25 |

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

| 12. GENERAL PARTNER INFORMATION | | 13. ADDRESS CHANGES ONLY | |
|---|---|---|---|
| DOCUMENT # | | STREET ADDRESS | |
| NAME | HAWTHORNE, JAMES T | CITY-ST-ZIP | |
| STREET ADDRESS | 910 FORT LANE DR. | | |
| CITY-ST-ZIP | ORLANDO, FL | | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | HAWTHORNE, CHARLES E delete amend filed 3/23/05 mjf | CITY-ST-ZIP | 900049002899<br>03/23/05--01047--012 **578.75 |
| STREET ADDRESS | 3808 DOUNE WAY | | |
| CITY-ST-ZIP | CLERMONT, FL 34711 | | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | SHUMAN, BETTY H | CITY-ST-ZIP | |
| STREET ADDRESS | PO BOX 961, 6 STARR ST | | |
| CITY-ST-ZIP | OAKLAND, FL 34760 | | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | HAWTHORNE, WILLIAM H delete amend filed 3/23/05 mjf | CITY-ST-ZIP | |
| STREET ADDRESS | 508 N. WOODLAND ST. | | |
| CITY-ST-ZIP | WINTER GARDEN, FL | | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY-ST-ZIP | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY-ST-ZIP | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |

STAPLE CHECK HERE

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

**SIGNATURE:** Charles E Hawthorne Mar. 11/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #