

# **2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000000496

**FILED**  
**Apr 10, 2004**  
**Secretary of State**

**Entity Name:** HAWTHORNE MANAGEMENT GROUP, LLC

**Current Principal Place of Business:**

5955 S.W. 2ND TERRACE  
MIAMI, FL 33144

**New Principal Place of Business:**

1414 NW 107TH AVENUE  
SUITE 105  
MIAMI, FL 33172

**Current Mailing Address:**

6021 SW 115TH AVENUE  
MIAMI, FL 33173 US

**New Mailing Address:**

1414 NW 107TH AVENUE  
SUITE 105  
MIAMI, FL 33172 US

**FEI Number:** 73-1625307

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CASERES, WILKIN  
5955 S.W. 2ND TERRACE  
MIAMI, FL 33144 US

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

CASERES, WILKIN  
1414 NW 107TH AVENUE  
SUITE 105  
MIAMI, FL 33172 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: WILKIN CASERES

04/10/2004

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: CASERES, WILKIN  
Address: 6021 SW 115TH AVENUE  
City-St-Zip: MIAMI, FL 33173

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: CASERES, WILKIN  
Address: 1414 NW 107TH AVENUE, SUITE 105  
City-St-Zip: MIAMI, FL 33172

I hereby certify that the information supplied with this filing does not qualify for the 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 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: WILKIN CASERES

MGR

04/10/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date