


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

DOCUMENT # A23382					
1. Entity Name HAWTHORNE PROPERTIES, LTD.					
Principal Place of Business 910 FORT LANE DRIVE ORLANDO, FL 32806			Mailing Address 910 FORT LANE DRIVE ORLANDO, FL 32806		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-2721741	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
HAWTHORNE, JAMES T 910 FORT LANE DR. ORLANDO, FL 32806				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$2,032,437.19			10. Amount of Capital Contributions in FLORIDA to date.		
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 #	HAWTHORNE, JAMES T		STREET ADDRESS	200031289962	
NAME	910 FORT LANE DR.		CITY-ST-ZIP	03/26/04-01088-006 **526.25	
STREET ADDRESS	ORLANDO, FL				
CITY-ST-ZIP					
DOCUMENT #	HAWTHORNE, CHARLES E		STREET ADDRESS		
NAME	3808 DOUNE WAY		CITY-ST-ZIP		
STREET ADDRESS	CLERMONT, FL 34711				
CITY-ST-ZIP					
DOCUMENT #	SHUMAN, BETTY H		STREET ADDRESS		
NAME	PO BOX 961, 6 STARR ST		CITY-ST-ZIP		
STREET ADDRESS	OAKLAND, FL 34760				
CITY-ST-ZIP					
DOCUMENT #	HAWTHORNE, WILLIAM H		STREET ADDRESS		
NAME	508 N. WOODLAND ST.		CITY-ST-ZIP		
STREET ADDRESS	WINTER GARDEN, FL				
CITY-ST-ZIP					
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
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: <u>Charles E. Hawthorne</u> <u>Charles E. Hawthorne 3/11/04</u> 352-346-0903					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #					

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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