

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED

2007 APR 23 AM 10:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04162007 Chg-LP CR2E003 (12/06)

DOCUMENT #A23382	
1. Entity Name HAWTHORNE PROPERTIES, LLLP	



Principal Place of Business 6 N. STARR STREET OAKLAND, FL 34760	Mailing Address P.O. BOX 961 OAKLAND, FL 34760
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2. Principal Place of Business - No P.O. Box # 6 N. STARR ST Suite, Apt. #, etc.	3. Mailing Address P.O. BOX 961 Suite, Apt. #, etc.
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City & State OAKLAND, FL	City & State OAKLAND, FL
Zip 34760	Zip 34760
Country U.S.	Country U.S.

4. FEI Number 59-2721741	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SHUMAN, JOHN T 6 N. STARR STREET OAKLAND, FL 34760	
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7. Name and Address of New Registered Agent	
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 _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$500.00
After May 1, 2007, Fee will be \$900.00

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 #	NAME	STREET ADDRESS	<div align="center"> 400101351564 05/03/07-01017-001 **500.00 </div>
STREET ADDRESS	PO BOX 961	CITY-ST-ZIP	
CITY-ST-ZIP	OAKLAND, FL 34760		
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
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CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: John T. Shuman John T. Shuman 4-16-2007 407-656-7601
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE