

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 18, 2001 08:00 AM****Secretary of State****DOCUMENT # A99000000456**1. Entity Name  
**HAWTHORNE PARTNERS II, LTD.**

Principal Place of Business 1501 VENERA AVENUE, SUITE 205  CORAL GABLES FL 33146	Mailing Address 1501 VENERA AVENUE, SUITE 205  CORAL GABLES FL 33146
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2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City &amp; State City &amp; State

Zip Country Zip Country

4. FEI Number  
**65-0904699**Applied For  
Not Applicable5. Certificate of Status Desired ☒ **\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****MULLER CHARLES EII**  
**9350 FINANCIAL CENTRE, SUITE 1550**  
**9350 SOUTH DIXIE HIGHWAY**  
**MIAMI FL 33156 US****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.

SIGNATURE \_\_\_\_\_ **04/18/2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. Capital Contributions  
as Shown on record. **1,107,340.00**10. Amount of Capital Contributions  
in FLORIDA to date. **1,107,340.00****11. MAKE CHECK PAYABLE TO DEPT. OF STATE**  
**SEE REVERSE SIDE FOR FEE INFORMATION****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 MANAGEMENT, INC. 1501 VENERA AVENUE, SUITE 205 CORAL GABLES FL 33146	STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
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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:** Alan W. Steinberg  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER**04/18/2001**  
DateDaytime Phone #

CR2E003 (11/00)