


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Mar 25, 2004 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 & State		City & State	
Zip	Country	Zip	Country



02252004 Chg-LP CR2E003 (10/03)

4. FEI Number
65-0904699

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	
MULLER, CHARLES E II 7385 GALLOWAY ROAD SUITE 200 MIAMI, FL 33173	

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 date if applicable.

9. Capital Contributions as Shown on record. \$1,107,340.00	10. Amount of Capital Contributions in FLORIDA to date. 1,107,340.00
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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 #	P98000106251	STREET ADDRESS	
NAME	HAWTHORNE MANAGEMENT, INC.	CITY-ST-ZIP	
STREET ADDRESS	1501 VENERA AVENUE, SUITE 205		
CITY-ST-ZIP	CORAL GABLES, FL 33146		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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* *Alan W Steinberg, President* 3/19/04 305-667-8332
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #