


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 04, 2008 08:00 AM
Secretary of State

DOCUMENT # L00000014094 1. Entity Name FTAL HAWTHORNE, L.C.	
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Principal Place of Business 4423 NW 6TH PLACE GAINESVILLE, FL 32607	Mailing Address 4423 NW 6TH PLACE GAINESVILLE, FL 32607
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01122008 No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3715894	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent FINLAYSON, GORDON C 4423 NW 6TH PLACE GAINESVILLE, FL 32607
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**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM FINLAYSON, GORDON C 4423 NW 6TH PLACE, SUITE A GAINESVILLE, FL 32607
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM TARRANT, DARRELL G 4423 NW 6TH PLACE, SUITE A GAINESVILLE, FL 32607
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ALFINO, PAUL A 4423 NW 6TH PLACE, SUITE A GAINESVILLE, FL 32607
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM LOPEZ-NIETO, CARLOS E 4423 N.W. 6TH PLACE, SUITE A GAINESVILLE, FL 32607
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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04/16/08-800006-015 138.75

**DO NOT WRITE
IN THIS SPACE**

11. 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 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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3/24/08 352-377-5600
Date Daytime Phone #