2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Nov 07, 2005
Secretary of State

DOCUMENT# L02000000496

Entity Name: HAWTHORNE MANAGEMENT GROUP, LLC

Current Principal Place of Business:

1414 NW 107TH AVENUE
SUITE 105
MIAMI, FL 33172

New Principal Place of Business:

5727 NW 7TH STREET
SUITE 225
MIAMI, FL 33126

Current Mailing Address:

1414 NW 107TH AVENUE
SUITE 105
MIAMI, FL 33172 US

New Mailing Address:

5727 NW 7TH STREET
SUITE 225
MIAMI, FL 33126 US

FEI Number: 73-1625307 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CASERES, WILKIN
1414 NW 107TH AVENUE
SUITE 105
MIAMI, FL 33172 US

Name and Address of New Registered Agent:

CASERES, WILKIN
5727 NW 7TH STREET
SUITE 225
MIAMI, FL 33126 US

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: WILKIN CASERES 11/07/2005
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: CASERES, WILKIN
Address: 1414 NW 107TH AVENUE, SUITE 105
City-St-Zip: MIAMI, FL 33172

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: CASERES, WILKIN
Address: 5727 NW 7TH STREET #225
City-St-Zip: MIAMI, FL 33126

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: WILKIN CASERES MGR 11/07/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date