

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Apr 26, 2006 08:00 AM
Secretary of State**

DOCUMENT # L04000032978

1. Entity Name
HAWTHORNE HOLDING, L.L.C.



Principal Place of Business
**601 W. SWANN AVENUE, SUITE B
TAMPA, FL 33606**

Mailing Address
**601 W. SWANN AVENUE, SUITE B
TAMPA, FL 33606**



04202006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
42-1628206

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ROUSSELLE, PAULA W
601 W. SWANN AVENUE, SUITE B
TAMPA, FL 33606**

**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 _____

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	ROUSELLE, PAULA W
STREET ADDRESS	601 W. SWANN AVENUE, SUITE B
CITY-ST-ZIP	TAMPA, FL 33606
TITLE	MGRM
NAME	ROUSELLE, JOSEPH L JR.
STREET ADDRESS	601 W. SWANN AVENUE, SUITE B
CITY-ST-ZIP	TAMPA, FL 33606
TITLE	MGRM
NAME	HENDRY, HAYNES & LISA, TENANTS BY ENTIRETY
STREET ADDRESS	1102 W. CASS STREET
CITY-ST-ZIP	TAMPA, FL 33606
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/06/06-80148-008 50.00

**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

4/20/06 813-264-6122

Date

Daytime Phone #