

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 11, 2008 08:00 AM
Secretary of State

DOCUMENT # L0500Q051951

1. Entity Name
SHOPPES AT HAWTHORNE, LLC



Principal Place of Business

**2025 LAGUNA WAY
NAPLES, FL 34109**

Mailing Address

**2025 LAGUNA WAY
NAPLES, FL 34109**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01072008 Chg-LLC CR2E083 (12/06)

4. FEI Number

20-3258130

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CONROY, J. THOMAS III
2210 VANDERBILT BEACH ROAD
SUITE 1201
NAPLES, FL 34109**

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

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**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**MGRM
POTESTIO, FRANK P JR.
1120 GALLEON DRIVE
NAPLES, FL 34102**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**MGRM
MOLA, DAVID J
2025 LAGUNA WAY
NAPLES, FL 34109**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**MGRM
CONROY, J. THOMAS III
2140 VANDERBILT BEACH ROAD
NAPLES, FL 34109**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
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STREET ADDRESS
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

**U00000779098
01/11/08-80024-024 138.75**

TITLE
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CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/7/08

Date

2395920145

Daytime Phone #