



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 18, 2006 8:00 am
Secretary of State

08-18-2006 90028 004 ****50.00

DOCUMENT # L05000111125						
1. Entity Name HAWTHORN ENTERPRISES, LLC						
Principal Place of Business 14331 LAKE LANE SOUTHWEST RANCHES, FL 33330 US			Mailing Address 14331 LAKE LANE SOUTHWEST RANCHES, FL 33330 US			
2. Principal Place of Business 16681 SW 5th Ct Suite, Apt. #, etc.		3. Mailing Address 15751 SHERIDAN ST Suite, Apt. #, etc. #203				
City & State WESTON, FL		City & State FORT CAUDERDALE, FL		4. FEI Number 203813171		
Zip 33326		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent BERGMAN, LOUIS E S 14331 LAKE LANE SOUTHWEST RANCHES, FL 33330			7. Name and Address of New Registered Agent Name: BERGMAN, LOUIS E. S. Street Address (P.O. Box Number is Not Acceptable): 16681 SW 5th Ct City: WESTON FL Zip Code: 33326			
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: <u>Louis E.S. BERGMAN</u> DATE: <u>AUGUST 14th, 2006</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>						
Filing Fee is \$50.00 Due by September 6, 2006			Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BERGMAN, LOUIS E.S. 14331 LAKE LANE SOUTHWEST RANCHES, FL 33330 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BERGMAN, LOUIS E.S. 16681 SW 5th Ct WESTON, FL 33326 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: Louis E.S. BERGMAN **8-14-2006** **954-993-5275**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #