## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## Secretary of State **DOCUMENT #L07000051416** 02-15-2008 90055 024 \*\*\*138.75 HAWTHORNE STREET ENTERPRISES, L.L.C. Principal Place of Business Mailing Address $\rho_{0000000}$ 412 NORTHEAST 4TH STREET 412 NORTHEAST 4TH STREET FT LAUDERDALE, FL 33301 FT LAUDERDALE, FL 33301 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02122008 Cha-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For 75-3241593 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BLACKBURN, STEPHEN M Street Address (P.O. Box Number is Not Acceptable) 412 NORTHEAST 4TH STREET FT LAUDERDALE, FL 33301 City Zip Code FI 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, 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 Make check payable to After May 1, 2008 Fee will be \$538.75 Florida Department of State MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGR TITLE □ Delete TITLE ☐ Change Addition MAHONEY, DANA H NAME NAME STREET ADDRESS 412 NORTHEAST 4TH STREET STREET ADORESS FT LAUDERDALE, FL 33301 CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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.

JRE: 1 om a [1 146 horses 2-12.08 919 523-0966 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OF AUTHORIZED REPRESENTATIVE Date Daving Phone 4

FILED Feb 15, 2008 8:00 am