


**FILE NOW: Fee after May 1, will be \$588.75**

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>FILING FEE</b> \$ 203.75		Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>	
1. Name and Mailing Address of Limited Liability Company <b>DOCUMENT # L96000000575</b>  HAWTHORNE REAL ESTATE, I.C. <del>805 N COLLINS</del> PLANT CITY FL 33566		1a. Principal Place of Business Address  805 N COLLINS PLANT CITY FL 33566	
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.			
2. Principal Place of Business 115 Arden Mays Blvd. Suite, Apt. #, etc.		2a. Mailing Address 115 Arden Mays Blvd. Suite, Apt. #, etc.	
City & State Plant City, FL Zip 33566		City & State Plant City, FL Zip 33566	
Country Hillsborough		Country Hillsborough	
3. Date Organized or Qualified 05/23/1996		3a. State of Formation FL	
4. FEI Number 59-3391053		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Date of Last Report		6. Certificate of Status Desired <input checked="" type="checkbox"/> Additional Fee Required	
7. Name and Address of Current Registered Agent  HAWTHORNE, DAVID E 805 N COLLINS PLANT CITY FL 33566		8. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code	
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.			
SIGNATURE _____		DATE _____	
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)			
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	HAWTHORNE, DAVID E	805 N COLLINS	PLANT CITY FL
MGRM	HAWTHORNE, VICTORIA	805 N COLLINS	PLANT CITY FL
			400002162484--2 -05/01/97--01106--020 ****203.75 ****203.75  JB4-29-97
11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.			
SIGNATURE: ✓ <i>David E Hawthorne</i>		✓ 3/7/97	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER		Date Daytime Phone #	