File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY Sandra B. Mortham FILED ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS 98 MAY -5 AM 11: 52 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE SECRETARY OF STATE TALLAHASSEE. FLORIDA Name and Mailing Address
of Limited Liability Company **DOCUMENT** # L9600000575 Hawthorne Real Estate, L.C. 1a. Principal Place of Business Address 115 Arden Mays Blvd. 115 Arden Mays Blvd. Plant City, Fl 33566 Plant City, Fl 33566 2 Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified | 3a. State of Formation 5/23/96 Florida Sulte, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-3391053 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Country Country Zip \$8.75 Additional Fee Hequited 5/1/97 7. Name and Address of Current Registered Agent B. Name and Address of New Registered Agent/Office Hawthorne, David E. 805 N. Collins Street Street Address (P.O. Box Number Is Not Acceptable) Plant City, Fl 33566 Suite, Apt. #, etc. City 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 __ (Registered Agent Accepting Approximent) (NOT) Registered Agent signature required when renistating) 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MGRM Hawthorne, David E. 805 N. Collins Street Plant City, F1, 33566 MGRM Hawthorne, Victoria 805 N. Collins Street Plant City, Fl, 33566 900002517309---8 ****188.75 ****188.75

11. Ido 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.

Landid E. Hawthorne

SIGNATURE:

SIGNATURE AND TYPLE OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

4/15/98 (813)719-370b

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