


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED 99 MAR 19 PM 1:30 STATE OF FLORIDA DIVISION OF CORPORATIONS	
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company DOCUMENT # L96000000575 HAWTHORNE REAL ESTATE, L.C. 115 ARDEN MAYS BLVD. PLANT CITY FL 33566		1a. Principal Place of Business Address 115 ARDEN MAYS BLVD. PLANT CITY FL 33566			
2. Principal Place of Business 102 N. Collins Street Plant City, FL 33566 Suite, Apt. #, etc.		2a. Mailing Address 102 N. Collins St. Plant City, FL 33566 Suite, Apt. #, etc.		3. Date Organized or Qualified 05/23/1996	
City & State		City & State		3a. State of Formation FL	
Zip		Zip		4. FEI Number 59-3391053	
Country		Country		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Date of Last Report 05/05/1998		6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>			
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/Office Name 188 75 Street Address (P.O. Box Number is Not Acceptable) 700002819147-9 Suite, Apt. #, etc. -03/26/99--01005--010 ****188.75 ****188.75 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 <i>Victoria Hawthorne</i> <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent Signature required when filing change)</small>			DATE 3/16/99		
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
NGRM	HAWTHORNE, DAVID E	805 N COLLINS		PLANT CITY FL	
NGRM	HAWTHORNE, VICTORIA	805 N COLLINS		PLANT CITY FL	
<div style="text-align: right;"> <i>dec</i> </div>					
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>Victoria Hawthorne</i>			3/16/99 (813) 719-3700		