

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 29, 2008 08:00 AM
Secretary of State

DOCUMENT # L96000000575

1. Entity Name
HAWTHORNE REAL ESTATE, L.C.



Principal Place of Business

**102 SOUTH EVERS ST
SUITE 103
PLANT CITY, FL 33563**

Mailing Address

**102 SOUTH EVERS STREET
SUITE 103
PLANT CITY, FL 33563**



02152008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3391053

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HAWTHORNE, DAVID E
705 WEST REYNOLDS ST
PLANT CITY, FL 33563**

**DO NOT WRITE
IN THIS SPACE**

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

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
After May 1, 2008 Fee will be \$838.75**

000000843718
03/12/08-80006-021 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	HAWTHORNE, DAVID E
STREET ADDRESS	702 W. REYNOLDS ST.
CITY-ST-ZIP	PLANT CITY, FL 33563
TITLE	MGRM
NAME	HAWTHORNE, VICTORIA
STREET ADDRESS	702 W. REYNOLDS ST.
CITY-ST-ZIP	PLANT CITY, FL 33563
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

David E Hawthorne

2/25/08

813-719-3700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #