2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE: CMW attas Christin McWalter, CFO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED Mar 16, 2005 8:00 am Secretary of State

Daytime Phone #

DOCUMENT # M0000001479 1. Entity Name HAWTHORNE VILLAGE, LLC							03-16-2005	5 90293	012 ****5	50.00
Principal Plac	e of Business	Mailing Address								
245 SAW MILL RIVER ROAD		245 SAW MILL RIVER ROAD							Pom	
HAWTHORNE, NY 10532		HAWTHORNE, NY 10532				20021789				
						1 11 11 11 11 11 11		=		18 8 117 18 8 1
2 Principal C	Place of Business	2 Mailing Address								
z. Frincipai F	Tace of Business	3. Mailing Address					44) 64 64 45 44			
Suite, Apt.	#. etc.	Suite, Apt. #, etc.								
						01182005	Chg-LLC	CR2E	083 (10/03)	
City & Stat	е	City & State				4. FEI Numbe	er		Ap	plied For
						13-413	5394		No	ot Applicable
Zip	Country	Zip	Coun	try		5. Certificate	of Status Desired		\$5.00 Add	
		<u> </u>	<u> </u>	 					Fee Require	<u>d</u>
	6. Name and Address of Current F	Registered Agent		Name		7. Name and	Address of New I	Registered	Agent	<u> </u>
CORPORA	ATION SERVICE COMPANY			1401116						
CORPORATION SERVICE COMPANY 1201 HAYS STREET				Street Address (P.O. Box Number is Not Acceptable)						
	SSEE, FL 32301-2525									
				City				FI	Zip Cod	е
• The shave	named entity submits this statement for	the europee of charging it	o roointor	od office o		d agant or has	h is the State of E		<u> </u>	and against
	tions of registered agent.	the purpose of changing its	s register	su unice u	, redistere	o agent, or bor	in, in the State of Fi	orida. Tan	i iai iliaa wiai,	and accept
SIGNATURE	Signature, typed or printed name of registered agent as	nd title if applicable. (NO	TE: Registere	d Agent signat	ure required	when reinstating)		DATE		
	iling Fee is \$50.00 ue by May 1, 2005								payable to nent of Stat	e
		RS/MANAGERS	10.					a Departn	nent of Stat	e
D	ue by May 1, 2005		10.		MGR		Florid ADDITIONS	a Departn	nent of State	
9.	ue by May 1, 2005 MANAGING MEMBER	RS/MANAGERS	_		MOR Oinst	iurg, Ma	Florid ADDITIONS	a Departn	nent of Stat	e Addition
9.	ue by May 1, 2005 MANAGING MEMBER		TITL		8195 S	surg, Ma Sawwill f	ADDITIONS (+in Zuer 1200	a Departing	nent of State	
9. TITLE NAME	MANAGING MEMBER MGR GINSBURG, SAMUEL		TITL! NAM STRE	E	8195 S	surg, Ma Sawwill f	Florid ADDITIONS	a Departing	nent of State	
9. TITLE NAME STREET ADDRESS	MANAGING MEMBER MGR GINSBURG, SAMUEL 245 SAW MILL RIVER ROAD		TITL! NAM STRE	E ET ADDRESS - ST- ZIP	8195 S	surg, Ma Sawwill f	ADDITIONS (+in Zuer 1200	a Departing	nent of State	
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