## 2007 LIMITED LIABILITY COMPANY

## **FILED** Jan 19, 2007 8:00 am Secretary of State 01-19-2007 90061 045 \*\*\*\*50.00

205.885.2711

Daytime Phone #

ANNUAL REPORT	
DOCUMENT # M05000005638	

1. Entity Name

HAWTHORN REAL ESTATE, LLC



Principal Place of Business

Mailing Address

SIGNATURE:
SIGNATURE AND THE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

29 OLMSTED STREET BIRMINGHAM, AL 35242 29 OLMSTED STREET BIRMINGHAM, AL 35242

	$A \cap A$	ness - No P.O. Box# chy Ridge Rd.	3. Mailing Address . 2151 Old @	ocky Rr	dgeR	d-					
Suite, Apt. #, etc.			Suite, Apt. #, etc.			01042007	Chg-LLC	CR2E08	3 (12/06)		
By & State, Birmingham, AL			City & State Birmhoham, AL			4. FEI Numb	•		<b>→</b>	plied For ot Applicable	
zig35	216	Country 87	367-16	Country		5. Certificate	e of Status Desired		5.00 Add		
6. Name and Address of Current Registered Agent					L	7. Name an	d Address of New	Registered A	ent		
NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE, SUITE 4 WETON, FL 33331 *					Name Street Address (P.O. Box Number is Not Acceptable)						
				City	<u></u>	<del> </del>	***************************************	FL	Zip Code	e	
8. The above	The above named entity submits this statement for the purpose of changing its registered office.					d agent, or be	oth, in the State of F		miliar 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											
Filing Fee is \$50.00 Due by May 1, 2007					Make check payable to Florida Department of State					e	
9.		MANAGING MEMB	 ERS/MANAGERS	10.			ADDITIONS	S/CHANGES			
TITLE	MGRM		☐ Delete	TITLE	MURY	<u>~ </u>			Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP		, JOHN STED STREET SHAM, AL 35242		NAME STREET ADDRESS CITY-ST-ZIP	Benne 2151 Blomb	ord Rock	y Rocke Rd Nr. 35 <b>24</b> (	l. 54 10. 1	9		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		,			☐ Change	☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADORESS CITY-ST-ZIP					☐ Change	☐ Addition	
Indicated	on this repo	ort is true and accurate an	th this filing does not qualify for d that my signature shall have the ee empowered to execute this re	ne same legal effe	ect as if ma	ade under oa	th; that I am a mana	further certify aging member	that the info or manage	ormation er of the	