


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED

2007 MAR 12 AM 9:13

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # B06000000301	
1. Entity Name HOPE LUMBER & SUPPLY COMPANY, LP	

Principal Place of Business ONE CRAGWOOD ROAD SOUTH PLAINFIELD, NJ 07080	Mailing Address ONE CRAGWOOD ROAD SOUTH PLAINFIELD, NJ 07080
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address 12215 E. 61 STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State BROKEN ARROW, OK
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Zip	Country	Zip	Country
		74012	USA

01312007 Chg-LP CR2E003 (12/06)

4. FEI Number
20-5172848

Applied For
Not Applicable

6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
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5. Certificate of Status Desired \$8.75 Additional Fee Required

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$500.00
After May 1, 2007, Fee will be \$900.00

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	M06000004177	STREET ADDRESS	
NAME	NEW HOPE ACQUISITION COMPANY LLC	CITY-ST-ZIP	
STREET ADDRESS	ONE CRAGWOOD ROAD		
CITY-ST-ZIP	SOUTH PLAINFIELD, NJ 07080		
DOCUMENT #		STREET ADDRESS	200092841002
NAME		CITY-ST-ZIP	03/14/07--01042--000 **\$500.00
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: _____ **3/6/07** (918)615-0212
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE