

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000007473

FILED  
Sep 08, 2004  
Secretary of State

**Entity Name:** HOPPER'S BREWERY, LLC

**Current Principal Place of Business:**

36221 EAST LAKE RD  
OLDSMAR, FL 34677

**New Principal Place of Business:**

**Current Mailing Address:**

12916 DUPONT CIR  
TAMPA, FL 33626

**New Mailing Address:**

**FEI Number:** 59-3722499

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DUNLAP, SHAWN  
1015 TOSKI DR  
NEW PORT RICHEY, FL 34655

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MEMBERS:**

Title: PD ( ) Delete  
Name: DUNLAP, SHAWN  
Address: 1015 TOSKI DR  
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: VP ( ) Delete  
Name: DUNLAP, LUCY  
Address: 1015 TOSKI DR  
City-St-Zip: NEW PORT RICHEY, FL 34655

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: DUNLAP, SHAWN  
Address: 1015 TOSKI DR  
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: MGR (X) Change ( ) Addition  
Name: DUNLAP, LUCY  
Address: 1015 TOSKI DR  
City-St-Zip: NEW PORT RICHEY, FL 34655

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: SHAWN DUNLAP

MGR

09/08/2004

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date