

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000013180

Entity Name: HOPEWELL LAND PARTNERS, LLC

FILED
Apr 18, 2005
Secretary of State

Current Principal Place of Business:

SUITE 206
SECURITY SQUARE BUSINESS CENTER
WINTER HAVEN, FL 33880

New Principal Place of Business:**Current Mailing Address:**

P.O. BOX 112
WINTER HAVEN, FL 33882

New Mailing Address:

FEI Number: 59-2946337 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALEXANDER, M. DAVID
141 5TH STREET, N.W.
WINTER HAVEN, FL 33881 US

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: MGRM () Delete
Name: GARY MAY, JAMES
Address: PO BOX 112
City-St-Zip: WINTER HAVEN, FL 33882

ADDITIONS/CHANGES:

Title: MGRM () Delete
Name: BRYAN MAY, WILLIAM
Address: PO BOX 112
City-St-Zip: WINTER HAVEN, FL 33882

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Delete
Name: DONALSON, J. TIM
Address: P O BOX 112
City-St-Zip: WINTER HAVEN, FL 33882

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Delete
Name: MAY, WILLARD C.
Address: P O BOX 112
City-St-Zip: WINTER HAVEN, FL 33882

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: JAMES GARY MAY

MGRM

04/18/2005

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