



FILED
Mar 29, 2004 08:00 AM
Secretary of State

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L02000020216			
1. Entity Name CRI HOPEWELL, LLC			
Principal Place of Business 110 EAST STREET NORTH TAMPA, FL 33602-4108	Mailing Address C/O 6508 E. FOWLER AVE. TAMPA, FL 33617		
DO NOT WRITE IN THIS SPACE			
		01292004 No Chg-LLC CR2E083 (10/03)	
		4. FEI Number 55-0791969	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent MCINTOSH, ANDREW L % PIPER MARBURY RUDNICK & WOLFE LLP 101 EAST KENNEDY BOULEVARD, SUITE 2000 TAMPA, FL 33602		DO NOT WRITE IN THIS SPACE	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<small>(NOTE: Registered Agent signature required when reinstating)</small> DATE _____	
Filing Fee is \$50.00 Due by May 1, 2004		000000099023 03/29/04-80087-004 50.00	
9. MANAGING MEMBERS/MANAGERS		DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WALLACE, DONALD 6130 LAZY DAYS BOULEVARD SEFFNER, FL 335842968		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WACKSMAN, BENJAMIN 110 EAST STREET NORTH TAMPA, FL 336024108		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
11. 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 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: <u>Ben Wacksmann</u> BENJAMIN WACKSMAN 3/24/04 (813)318-0087		Date Daytime Phone #	