


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 27, 2006 08:00 AM
Secretary of State

DOCUMENT # L02000027168 <small>1. Entity Name</small> HOPE LEASING, LLC	
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<small>Principal Place of Business</small> 14917 SHERROD CROFT LN. DADE CITY, FL 33525	<small>Mailing Address</small> 14917 SHERROD CROFT LN. DADE CITY, FL 33525
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03202006 No Chg-LLC

CR2E083 (1/1/05)

DO NOT WRITE IN THIS SPACE

<small>4. FEI Number</small> 01-0749061	<small>Applied For</small> Not Applicable
<small>5. Certificate of Status Desired</small> <input type="checkbox"/>	\$5.00 Additional Fee Required

<small>6. Name and Address of Current Registered Agent</small> HOPE, RICHARD P 14917 SHERROD CROFT LN. DADE CITY, FL 33525

**DO NOT WRITE
IN THIS SPACE**

6. 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

8. MANAGING MEMBERS/MANAGERS	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	P HOPE, RICHARD P 14917 SHERROD CROFT LN. DADE CITY, FL 33525
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	VP HOPE, RICHARD E 32707 4TH AVE SAN ANTONIO, FL 33576
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	

11/11/05 1432373
04/11/05 80072-005 50.00

**DO NOT WRITE
IN THIS SPACE**

11. 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 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: Richard P Hope 7-23-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #