

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000030910

FILED  
Jan 08, 2007  
Secretary of State

Entity Name: HOPE DAVIS LLC

**Current Principal Place of Business:**

3220 CLARK RD.  
SARASOTA, FL 34231

**New Principal Place of Business:**

**Current Mailing Address:**

7795 N. HOLIDAY DR.  
SARASOTA, FL 34231

**New Mailing Address:**

FEI Number: 54-2094722

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ICARD, MERRILL, CULLIS, TIMM, FUREN & GINS  
BURG, P.A. ATTN: F. THOMAS HOPKINS  
2033 MAIN ST., STE. 600  
SARASOTA, FL 34237 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/MANAGERS:**

Title: MGRM ( ) Delete  
Name: HICKLIN, CHRISTOPHER L  
Address: 3220 CLARK ROAD  
City-St-Zip: SARASOTA, FL 34231

Title: MGRM ( ) Delete  
Name: HICKLIN, FAYE L  
Address: 7795 N. HOLIDAY DR.  
City-St-Zip: SARASOTA, FL 34231

**ADDITIONS/CHANGES:**

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: FAYE HICKLIN

MGRM

01/08/2007

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