


**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT (AR)**

**FILED**  
**Mar 15, 2004 8:00 am**  
**Secretary of State**

03-15-2004 90435 050 \*\*\*\*50.00

<b>DOCUMENT # L03000005362</b>	
1. Entity Name <b>HOOPER &amp; WEISS, LLC</b>	

Principal Place of Business <b>815 NORTH GARLAND AVENUE ORLANDO FL 32801</b>	Mailing Address <b>815 NORTH GARLAND AVENUE ORLANDO FL 32801</b>
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MOORE CR2E083 (11/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>14-1871370</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	

**6. Name and Address of Current Registered Agent**

**ROBERTS, SCOTT C ESQUIRE  
37 NORTH ORANGE AVENUE  
SUITE 200  
ORLANDO FL 32801**

**7. Name and Address of New Registered Agent**

Name: **JAMES R. HOOPER**  
 Street Address (P.O. Box Number is Not Acceptable): **815 N. GARLAND AVENUE**  
 City: **ORLANDO** FL Zip Code: **32801**

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: **JAMES R. HOOPER, MANAGER** (NOTE: Registered Agent signature required when reinstating)

DATE: **3/11/04**

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2004**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	<b>MGRM</b> <input type="checkbox"/> Delete
NAME	<b>HOOPER, JAMES R</b>
STREET ADDRESS	<b>815 NORTH GARLAND AVENUE</b>
CITY-ST-ZIP	<b>ORLANDO FL 32801</b>
TITLE	<b>MGRM</b> <input type="checkbox"/> Delete
NAME	<b>WEISS, ROBERT H</b>
STREET ADDRESS	<b>C/O DAN KOMANSKY - 33 WALT WHITMAN ROAD</b>
CITY-ST-ZIP	<b>HUNTING STATION NY 11746</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**10. ADDITIONS/CHANGES**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:** **JAMES R. HOOPER** (NOTE: Signature and typed or printed name of signing managing member, manager, or authorized representative)

DATE: **3/11/04** DAYTIME PHONE #: **407-849-0167**