

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**

**Apr 28, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000005362**

1. Entity Name

**HOOPER & WEISS, LLC**



Principal Place of Business

**815 NORTH GARLAND AVENUE  
ORLANDO FL 32801**

Mailing Address

**815 NORTH GARLAND AVENUE  
ORLANDO FL 32801**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/04)

4. FEI Number  
**14-1871370**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HOOPER, JAMES R  
815 N GARLAND AVE  
ORLANDO FL 32801**

Name

Street Address (P O Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
Due By May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**MGRM  
HOOPER, JAMES R  
815 NORTH GARLAND AVENUE  
ORLANDO FL 32801** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**000000340171  
04/28/05-80105-017 \$0.00** ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**MGRM  
WEISS, ROBERT H  
C/O DAN KOMANSKY - 33 WALT WHITMAN ROAD  
HUNTING STATION NY 11746** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
 ☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY- ST- ZIP  
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CITY- ST- ZIP  
 ☐ Change ☐ Addition

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, MANAGER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**4/28/05 407-849-0167**