

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

9/8/2004-90002-034-\$50.00-\$50.00

FILED

2004 DEC -8 AM 8:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000017541
1. Entry Name
CLYDE AND ADA HOPKINS L.L.C.



Principal Place of Business: 1605 MAIN STREET SUITE 912 SARASOTA FL 34236 US
Mailing Address: 1605 MAIN STREET SUITE 912 SARASOTA FL 34236 US

2. Principal Place of Business: 1100 WEST OUTER DR.
3. Mailing Address: 1100 WRST OUTER DR.
Suite, Apt. #, etc.

City & State: OAK RIDGE, TN.
City & State: OAK RIDGE, TN.
Zip: 37830 Country: US



MOORE CR2E083 (4/04)

4. FEI Number: EIN-65-1194383
Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent
SCOVILL HAROLD W.
1605 MAIN STREET
SUITE 912
SARASOTA FL 34236

7. Name and Address of New Registered Agent
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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 8, 2004

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	NAME	TITLE	NAME
MANAGING PARTNER	Clyde Hopkins		
	1100 West Outer Dr.		
	OAK RIDGE, TN. 37830		
MANAGING PARTNER	ADA HOPKINS		
	1100 West Outer Dr.		
	OAK RIDGE, TN. 37830		

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: Clyde C. Hopkins Clyde C. Hopkins 9/3/04 965-493-4340
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #