

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000017541

**FILED**  
**Feb 18, 2005**  
**Secretary of State**

**Entity Name:** CLYDE AND ADA HOPKINS L.L.C.

**Current Principal Place of Business:**

1100 W. OUTER DRIVE  
OAK RIDGE, TN 37830 US

**New Principal Place of Business:**

**Current Mailing Address:**

1100 W. OUTER DRIVE  
OAK RIDGE, TN 37830 US

**New Mailing Address:**

**FEI Number:** 65-1194383      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

SCOVILL, HAROLD W  
1605 MAIN STREET  
SUITE 912  
SARASOTA, FL 34236 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/MEMBERS:**

Title: MGRM ( ) Delete  
Name: HOPKINS, CLYDE  
Address: 1100 W. OUTER DRIVE  
City-St-Zip: OAK RIDGE, TN 37830 US

Title: MGR ( ) Delete  
Name: HOPKINS, ADA  
Address: 1100 W. OUTER DRIVE  
City-St-Zip: OAK RIDGE, TN 37830 US

**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 Section 119.07(3)(i), 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: CLYDE HOPKINS

MGRM

02/18/2005

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