

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

9 **FILED**  
**Oct 01, 2004 8:00 am**  
**Secretary of State**

09-21-2004 90039 034 \*\*\*\*50.00

<b>DOCUMENT # L03000038796</b>					
<b>1. Entity Name</b> BENEFICIAL HOPEWELL, LLC					
<b>Principal Place of Business</b> 3131 CLARK RD. SARASOTA, FL 34231			<b>Mailing Address</b> 3131 CLARK RD. SARASOTA, FL 34231		
<b>2. Principal Place of Business</b>			<b>3. Mailing Address</b>		
Suite, Apt. #, etc. <b>Suite 203</b>			Suite, Apt. #, etc. <b>Suite 203</b>		
City & State			City & State		
Zip		Country		Zip	
Country		Country		07022004 Chg-LLC CR2E083 (10/03)	
<b>4. FEI Number</b>				<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b>				<input type="checkbox"/> \$5.00 Additional Fee Required	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
B&C CORPORATE SERVICES OF CENTRAL FL, INC 390 N. ORANGA AVE., STE. 1100 ORLANDO, FL 32801			Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00</b> <b>Due by September 8, 2004</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>11GRM</b> <b>DONALD W. PAXTON</b> <b>3131 CLARK ROAD, SUITE 203</b> <b>SARASOTA, FL 34231</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> _____			9/2/04 (941) 929-1270		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					



Attachment  
346102412

390 NORTH ORANGE AVENUE  
SUITE 1100  
ORLANDO, FLORIDA 32801  
P.O. BOX 4961 (32802-4961)  
TELEPHONE: 407.839.4200  
FACSIMILE: 407.425.8377  
www.broadandcassel.com

GLORIA E. GREINER, PARALEGAL  
DIRECT LINE: 407.839.4250  
DIRECT FACSIMILE: 407.254.1214  
EMAIL: ggreiner@broadandcassel.com

September 29, 2004

**VIA U.S. MAIL**

Florida Department of State  
Division of Corporations  
P.O. Box 6478  
Tallahassee, FL 32314  
Attention: Annual Reports Section

Re: Beneficial Hopewell, LLC  
Reference No.: L03000038796  
Our File No.: 32054-0001

To Whom It May Concern:

Please find enclosed the corrected Limited Liability Company Annual Report for Beneficial Hopewell, LLC (document #L03000038796), which has been edited pursuant to your letter dated September 21, 2004.

If any additional information is required, or if you have any questions, please do not hesitate to contact me at the above-listed number.

Sincerely,

BROAD AND CASSEL

Gloria E. Greiner, Paralegal

/gg

Enclosures

cc: Kathleen A. O'Grady



Attachment  
346010642

FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State

September 21, 2004

**BENEFICIAL HOPEWELL, LLC**  
3131 CLARK RD.  
STE 203  
SARASOTA, FL 34231

Subject: **BENEFICIAL HOPEWELL, LLC**

Reference Number: **L03000038796**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you **MUST** now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

**TO AVOID THE ADMINISTRATIVE DISSOLUTION/REVOCATION,  
PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF  
CORPORATIONS, P.O. BOX 6478, TALLAHASSEE, FLORIDA 32314  
WITHIN 30 DAYS OF THE DATE OF THIS LETTER.**

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/RG  
ANNUAL REPORTS SECTION