

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

DOCUMENT # L04000031886

1. Entity Name  
HOPEWELL BUSINESS CENTER, LLC



**FILED  
Jul 28, 2005 8:00 am  
Secretary of State**

07-28-2005 90069 032 \*\*\*\*55.00

66666666



07112005 Chg-LLC CR2E083 (10/03)

|  |         |   |         |
|--|---------|---|---------|
| Principal Place of Business  |         | Mailing Address                                   |         |
| 8913 E MARTIN LUTHER KING BLVD<br>TAMPA, FL 33610                          |         | 8913 E MARTIN LUTHER KING BLVD<br>TAMPA, FL 33610 |         |
| 2. Principal Place of Business   |         | 3. Mailing Address                                |         |
| Suite, Apt. #, etc.  |         | Suite, Apt. #, etc.                               |         |
| City & State   |         | City & State                                      |         |
| Zip  | Country | Zip   | Country |
| 6. Name and Address of Current Registered Agent                            |         |   |         |
| <p>LARSON, CARL<br/>8913 E MARTIN LUTHER KING BLVD<br/>TAMPA, FL 33610</p> |         |   |         |

|  |                |
|--|----------------|
| 4. FEI Number  | Applied For    |
| 20-1218485   | Not Applicable |
| 5. Certificate of Status Desired                                   |                |
| <input checked="" type="checkbox"/> \$5.00 Additional Fee Required |                |

|   |  |          |  |
|---|--|----------|--|
| 7. Name and Address of New Registered Agent                                 |  |          |  |
| <p>Name<br/>Street Address (P.O. Box Number is Not Acceptable)<br/>City</p> |  |          |  |
| 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 reinstating)

**Filing Fee is \$50.00  
Due by September 7, 2005**

**Make check payable to  
Florida Department of State**

|  |   |                                 |  |   |
|--|---|---------------------------------|--|---|
| 9. MANAGING MEMBERS/MANAGERS                   |   | 10. ADDITIONS/CHANGES           |  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>LARSON, CARL<br>8913 E MARTIN LUTHER KING BLVD<br>TAMPA, FL 33610 | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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:

*Carl A Larson* May Part. 7/19/05 813-621-8605

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

Date

Daytime Phone #