


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90020 024 ****50.00

DOCUMENT # L04000033960 1. Entity Name DEN OF HOPEWELL, LLC	
---	---

Principal Place of Business 1750 NORTH FLORIDA MANGO ROAD SUITE 103 WEST PALM BEACH, FL 33409 US	Mailing Address 1750 NORTH FLORIDA MANGO ROAD SUITE 103 WEST PALM BEACH, FL 33409 US
---	---

DO NOT WRITE IN THIS SPACE



04202006No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-1079333	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

METZ, JOHN
 1750 NORTH FLORIDA MANGO ROAD
 SUITE 103
 WEST PALM BEACH, FL 33409

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

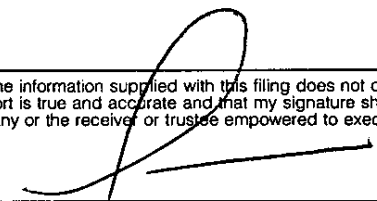
**Filing Fee is \$50.00
 Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR METZ, JOHN 1750 NORTH FLORIDA MANGO ROAD, SUITE 103 WEST PALM BEACH, FL 33409
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MEYER, ARTHUR I 1750 NORTH FLORIDA MANGO ROAD, SUITE 103 WEST PALM BEACH, FL 33409
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:



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

4-21-06

Date

561-684-2101

Daytime Phone #