2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

FILED Apr 24, 2008 8:00 am Secretary of State

04-24-2008 90014 040 ***138.75

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04182008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number		Applied For
20-1079333	[Not Applicable
5. Certificate of Status Desired		O Additional

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

METZ, JOHN 1750 NORTH FLORIDA MANGO ROAD SUITE 103

WEST PALM BEACH, FL 33409

DO NOT WRITE IN THIS SPACE

	med entity submits this statement for the purpose of chass of registered agent.	nging its registered office or registered agent, or both, in the St	ate of Florida. I am familiar with, and accept
SIGNATURE	sture, typed or printed name of registered agent and title if applicable.	(NOTE: Recistered Agent signature required when reinstating)	DATE
	одине, турос от римостивно от трумого с одине иле пое и оррживие.	(140 r.c., nogastra regard angliatora regarda at when remaining)	DATE 1
	OW!!! FEE IS \$138.75 , 2008 Fee will be \$538.75		
9.	MANAGING MEMBERS/MANAGERS	A	The state of the s

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	

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filling does not quality 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

Date

Daytime Phone #