

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000033960

FILED  
Apr 14, 2009  
Secretary of State

Entity Name: DEN OF HOPEWELL, LLC

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

FEI Number: 20-1079333      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

METZ, JOHN  
1750 NORTH FLORIDA MANGO ROAD  
SUITE 103  
WEST PALM BEACH, FL 33409 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/MANAGERS:**

Title: MGR ( ) Delete  
Name: METZ, JOHN  
Address: 1750 NORTH FLORIDA MANGO ROAD, SUITE 103  
City-St-Zip: WEST PALM BEACH, FL 33409 US

Title: MGR (X) Delete  
Name: MEYER, ARTHUR I  
Address: 1750 NORTH FLORIDA MANGO ROAD, SUITE 103  
City-St-Zip: WEST PALM BEACH, FL 33409 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 exemption stated in Chapter 119, 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: JOHN METZ      MGR      04/14/2009

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