

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000091051

Entity Name: HARMONY & HOPE, LLC

FILED
Mar 02, 2005
Secretary of State

Current Principal Place of Business:

3118 W. THARPE ST.
TALLAHASSEE, FL 32303

New Principal Place of Business:

1400 VILLAGE SQUARE BLVD. #3
#196
TALLAHASSEE, FL 32312

Current Mailing Address:

3118 W. THARPE ST.
TALLAHASSEE, FL 32303

New Mailing Address:

1400 VILLAGE SQUARE BLVD. #3
#196
TALLAHASSEE, FL 32312

FEI Number: 20-2010960

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHARON, PIEPMEIER
3118 W. THARPE
TALLAHASSEE, FL 32303 US

Name and Address of New Registered Agent:

SHARON, PIEPMEIER
8247 QUEEN ANNA DR.
TALLAHASSEE, FL 32317 US

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:

03/02/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: SIMPLER, ALBERT A III
Address: 3318 W. THARPE ST.
City-St-Zip: TALLAHASSEE, FL 32303

Title: MGRM (X) Delete
Name: PIEPMEIER, SHARON T
Address: 3118 W. THARPE ST.
City-St-Zip: TALLAHASSEE, FL 32303

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: PIEPMEIER, SHARON T
Address: 8247 QUEEN ANNA DR.
City-St-Zip: TALLAHASSEE, FL 32317

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: SHARON T. PIEPMEIER

MGRM

03/02/2005

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