01-30-2006 90153 025 ****50.00
L05000010207

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000010207

1. Entity Name
HOPE HOLDINGS, LLC

Principal Place of Business	Mailing Address
2451 BRICKELL AVE SUITE 10C MIAMI, FL 33129	2451 BRICKELL AVE SUITE 10C MIAMI, FL 33129

01162006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business	3. Mailing Address
2451 BrickellAve	
Suite, Apt. #, etc. 10C	Suite, Apt. #, etc.
City & State MIAMI, FL	City & State
Zip 33129 / Country DADE	Zip / Country

4. FEI Number ☐ Applied For ☑ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GILLER, RICHARD 2451 BRICKELL AVE SUITE 10C MIAMI, FL 33129	Name Street Address (P.O. Box Number is Not Acceptable) City 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 [signature] 1/23/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2006

Make check payable to Florida Department of State

FILED
2006 FEB 22 AM 11:22
SECRETARY OF STATE
DIVISION OF CORPORATIONS

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GILLER, RICHARD 2451 BRICKELL AVE SUITE 10C MIAMI, FL 33129	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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] 1/23/06 305 753 8802
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #