


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90044 021 ****50.00

DOCUMENT # L05000039898 1. Entity Name MICHAEL HOPPER LLC					
Principal Place of Business 110 BUCK RUN TRAIL SAN MATEO, FL 32187 US			Mailing Address 110 BUCK RUN TRAIL SAN MATEO, FL 32187 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address PO Box 1014 Suite, Apt. #, etc.			
City & State 		City & State SAN MATEO, FL		4. FEI Number 81-0670715	
Zip 		Country 		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
Zip 32187		Country US		Applied For Not Applicable	
6. Name and Address of Current Registered Agent HOPPER, MICHAEL 110 BUCK RUN TRAIL SAN MATEO, FL 32187			7. Name and Address of New Registered Agent 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 _____ (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		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HOPPER, MICHAEL 110 BUCK RUN TRAIL SAN MATEO, FL 32187	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Michael Hopper</u> MICHAEL HOPPER 4/26/06 (386) 336-0167 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					