2008 LIMITED LIABILITY COMPANY

ANNUAL REPORT FILED SECRETARY OF STATE DIVISION OF CORPORATIONS DOCUMENT # L05000051767 HOPEKATE HOLDINGS, LLC OROCT -3 AMII: 48 Mailing Address Principal Place of Business 910 HIGHWAY 98 EAST 2201 ARLINGTON AVENUE SOUTH BIRMINGHAM, AL 35205 DESTIN, FL 32541 09242008 No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-2893153 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WILLIAMS, MARTIN H DO NOT WRITE 910 HIGHWAY 98 EAST DESTIN, FL 32541 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$138.75 In accordance with s. 607.193(2)(b), F.S., the limited Due by September 12, 2008 liability company did not receive the prior notice. 9. MANAGING MEMBERS/MANAGERS TITLE MGRM NAME METHVIN, ROBERT G JR. 500136578255 10/02/08--01040--002 **138.75 STREET ADDRESS 2201 ARLINGTON AVENUE SOUTH CITY-ST-ZIP BIRMINGHAM, AL 35205 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME REINSTATEMENT 2008 STREET ADDRESS

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:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER. OR AUTHORIZED REPRESENTATIVE