

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000061899

Entity Name: FLORIDA HIGH HOPES, LLC

FILED  
Apr 11, 2007  
Secretary of State

**Current Principal Place of Business:**

36 WALTER MARTIN ROAD NE  
FORT WALTON BEACH, FL 32548

**New Principal Place of Business:**

**Current Mailing Address:**

36 WALTER MARTIN ROAD NE  
FORT WALTON BEACH, FL 32548

**New Mailing Address:**

FEI Number: 20-2347910

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

COCHRAN, LISA  
48 NE FERRY ROAD  
FORT WALTON BEACH, FL 32548 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: P ( ) Delete  
Name: STIR, MARK  
Address: 171 DURANGO ROAD  
City-St-Zip: DESTIN, FL 32541

Title: VP ( ) Delete  
Name: STIR, JULIE  
Address: 171 DURANGO ROAD  
City-St-Zip: DESTIN, FL 32541

Title: T ( ) Delete  
Name: COCHRAN, LISA  
Address: 48 N.E. FERRY ROAD  
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: S ( ) Delete  
Name: SCARBROUGH, CONNIE  
Address: 102 KARLY LANE  
City-St-Zip: FORT WALTON BEACH, FL 32547

**ADDITIONS/CHANGES:**

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

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

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 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: LISA COCHRAN

T

04/11/2007

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