

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 31, 2006 8:00 am
Secretary of State

03-31-2006 90182 011 ****50.00

DOCUMENT # L05000063401

1. Entity Name
HOPE APARTMENTS, LLC



Principal Place of Business
~~501 36TH STREET~~
~~W. PALM BEACH, FL 33407~~

Mailing Address
~~501 36TH STREET~~
~~W. PALM BEACH, FL 33407~~



03062006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business
415 31st Street
Suite, Apt. #, etc.

3. Mailing Address
c/o David Luther
Suite, Apt. #, etc.
617 Claremore Drive

City & State
W. Palm Beach, Fl.

City & State
W. Palm Beach, Fl.

Zip
33407

Country
Palm Beach

Zip
33401

Country
Palm Beach

4. FEI Number
20-3050155

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

GERMAN, MARIO D J.D.
351 S. CYPRESS ROAD
SUITE 340
POMPANO BEACH, FL 33060

7. Name and Address of New Registered Agent

Name
David H. Luther
Street Address (P.O. Box Number is Not Acceptable)
617 Claremore Drive
City
W. Palm Beach FL Zip Code
33401

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)

DATE

Filing Fee is \$50.00
Due by May 1, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
LUTHER, DAVID H
~~501 36TH STREET~~
~~W. PALM BEACH, FL 33407~~ ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
617 Claremore Drive
W. Palm Beach, Fl. 33401

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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:

David H. Luther, MGR

3/27/06

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

Date

Daytime Phone #