

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 24, 2008 8:00 am**  
**Secretary of State**

01-24-2008 90068 047 \*\*\*138.75

<b>DOCUMENT # L06000009361</b> 1. Entity Name HOPE IN THE LORD, LLC					
Principal Place of Business 13625 BLUEWATER CIRCLE ORLANDO, FL 32828			Mailing Address 13625 BLUEWATER CIRCLE ORLANDO, FL 32828		
2. Principal Place of Business - No P.O. Box # <b>5421 OAK TERRACE DRIVE</b> Suite, Apt. #, etc.			3. Mailing Address <b>5421 OAK TERRACE DRIVE</b> Suite, Apt. #, etc.		
City & State <b>ORLANDO, FL</b> Zip <b>32839</b> Country <b>USA</b>			City & State <b>ORLANDO, FL</b> Zip <b>32839</b> Country <b>USA</b>		
4. FEI Number <b>20-4181962</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$5.00</b> Additional Fee Required		
6. Name and Address of Current Registered Agent  MARTIN, JEFFREY A 13625 BLUEWATER CIRCLE ORLANDO, FL 32828			7. Name and Address of New Registered Agent Name <b>MARTIN, JEFFREY A</b> Street Address (P.O. Box Number is Not Acceptable) <b>5421 OAK TERRACE DRIVE</b> City <b>ORLANDO</b> <b>FL</b> Zip Code <b>32839</b>		
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 <b>JEFFREY A. MARTIN, PRESIDENT</b> <span style="float: right;">1/24/08</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>			Make check payable to <b>Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MARTIN, JEFFREY A 13625 BLUEWATER CIRCLE ORLANDO, FL 32828	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MARTIN, JEFFREY A 5421 OAK TERRACE DRIVE ORLANDO, FL 32839	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MARTIN, SALLY 13625 BLUEWATER CIRCLE ORLANDO, FL 32828	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MARTIN, SALLY 5421 OAK TERRACE DRIVE ORLANDO, FL 32839	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<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: <b>JEFFREY A. MARTIN</b> <span style="float: right;">1/24/08</span> <span style="float: right;">407-SB2-9796</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					