

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR)**

FILED
Mar 22, 2007 8:00 am
Secretary of State

02-12-2007 90304 010 ****50.00

DOCUMENT # L06000032580					
1. Entity Name HOPE MANAGEMENT LLC					
Principal Place of Business 102 COLUMBIA DRIVE 201 CAPE CANAVERAL FL 32920 US			Mailing Address PO Box 1601		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20 0608648	
				Applied For ☐ Not Applicable	
				5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent PARMAN, NORMA GAIL 8707 BANYAN WAY CAPE CANAVERAL FL 32920				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Applicable) MAILING	
				City FL	
				Zip Code 32920	
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 <u>Norma Gail Parman</u> (NOTE: Registered Agent signature required when registering) DATE _____					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE MGR	NAME PARMAN, NORMA GAIL	☐ Delete	TITLE	NAME	☐ Change ☐ Addition
STREET ADDRESS 8707 BANYAN WAY			STREET ADDRESS		
CITY - ST - ZIP CAPE CANAVERAL FL 32920			CITY - ST - ZIP		
TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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>Norma Gail Parman</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF CURRENT MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date _____ Delivery Phone # _____					