


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 09, 2007 8:00 am**  
**Secretary of State**

04-09-2007 90354 024 \*\*\*\*50.00

<b>DOCUMENT # L06000044028</b> 1. Entity Name <b>LOVE HOPES, LLC</b>					
Principal Place of Business <b>1215 TIMBER TRACE DRIVE WESLEY CHAPEL, FL 33543</b>			Mailing Address <b>1215 TIMBER TRACE DRIVE WESLEY CHAPEL, FL 33543</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address <b>P.O. Box 46548</b> Suite, Apt. #, etc.			
City & State Zip      Country		City & State <b>Tampa, FL</b> Zip      Country <b>33647      USA</b>		4. FEI Number <b>51-0594168</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable			
6. Name and Address of Current Registered Agent <b>PULEO, DINA I 1215 TIMBER TRACE DRIVE WESLEY CHAPEL, FL 33543</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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><i>Dina I Puleo</i></u> <u><i>Dina I Puleo MGRM</i></u> <u><i>4-6-07</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <input type="checkbox"/> Delete <b>PULEO, DINA I</b> <b>1215 TIMBER TRACE DR.</b> <b>WESLEY CHAPEL, FL 33543</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <input type="checkbox"/> Delete <b>TREADWAY, KAREN M</b> <b>17609 ESPRIT DRIVE</b> <b>TAMPA, FL 33647</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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.					
<b>SIGNATURE:</b> <u><i>Dina I Puleo</i></u> <u><i>Dina I Puleo MGRM</i></u>			<u><i>4-6-07</i></u> <u><i>813-994-3243</i></u>		<small>Signature and typed or printed name of signing managing member, manager, or authorized representative      Date      Daytime Phone #</small>