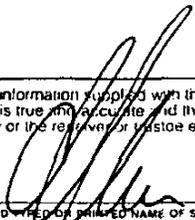


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Aug 09, 2007 8:00 am
Secretary of State

07-09-2007 90115 011 ****50.00

DOCUMENT # L06000065903					
1. Entity Name H.O.P.E. LLC					
Principal Place of Business 4421 NW 39TH AVE 2-2 GAINESVILLE FL 32606			Mailing Address 4421 NW 39TH AVE 2-2 GAINESVILLE FL 32606		
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 20-5192424	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
LORI, HAAKER TRES 4421 NW 39TH AVE 2-2 GAINESVILLE FL 32606			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City	FL	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 _____ DATE _____					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By September 5, 2007					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	PRES	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAAKER, ALAN J		NAME		
STREET ADDRESS	4421 NW 39TH AVE 2-2		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL 32606		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OWEN, DAVID		NAME		
STREET ADDRESS	4421 NW 39TH AVE 2-2		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL 32606		CITY-ST-ZIP		
TITLE	SEC	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALSNIK-OWEN, MICHELLE		NAME		
STREET ADDRESS	4421 NW 39TH AVE 2-2		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL 32606		CITY-ST-ZIP		
TITLE	TRES	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAAKER, LORI		NAME		
STREET ADDRESS	4421 NW 39TH AVE 2-2		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL 32606		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
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 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: 			Date: 7-3-07 Phone: 352-371-7641		
<small>SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					