2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 22, 2007 8:00 am
Secretary of State
03-07-2007 90218 021 ****50.00

DOCUMENT # L06000113002

1. Entity Name

NEW HOPE MANAGEMENT, LLC

Principal Place of Business	Mailing Address
1800 MOUNTAIN LAKE CUTOFF RD. LAKE WALES FL 33859 US	1800 MOUNTAIN LAKE CUTOFF RD. LAKE WALES FL 33859 US

1st MOORE CR2E083 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
249 Story Road	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Lake Wales, FL.	City & State
Zip: 33853 / Country: U.S.	Zip / Country

4. FEI Number: 20-5936777 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BOHANNON, TOMMY D 1800 MOUNTAIN LAKE CUTOFF RD. LAKE WALES FL 33859	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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	MGRM	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	BOHANNON, TOMMY D		NAME		
STREET ADDRESS	1800 MOUNTAIN LAKE CUTOFF RD.		STREET ADDRESS		
CITY-ST-ZIP	LAKE WALES FL 33859		CITY-ST-ZIP		
TITLE	MGRM	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	BOHANNON, BOBBIE S		NAME		
STREET ADDRESS	1800 MOUNTAIN LAKE CUTOFF RD.		STREET ADDRESS		
CITY-ST-ZIP	LAKE WALES FL 33859		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ 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 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: [signature] Tommy Bohannon 2/27/07 863-287-6290
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER/MANAGER OR AUTHORIZED REPRESENTATIVE / Date / Daytime Phone #