


**FILE NOW: Fee after May 1, will be \$588.75**

APPROVED  
AND  
FILED

1997 FEB 14 AM 10: 29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>FILING FEE</b> \$ 203.75		Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>			
1. Name and Mailing Address of Limited Liability Company		<b>DOCUMENT #</b> L95000000317			
HOPE & GLORY, L.C. 1090 KANE CONCOURSE STE 202 BAY HARBOR ISLANDS FL 33154		1a. Principal Place of Business Address 1090 KANE CONCOURSE STE 202 BAY HARBOR ISLANDS FL 33154			
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.					
2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	3a. State of Formation
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04/21/1995	FL
City & State		City & State		4. FEI Number 65-0646786 <del>APPLIED FOR</del>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country	5. Date of Last Report 02/09/1996	6. Certificate of Status Desired <input checked="" type="checkbox"/> \$1.75 Additional Fee Required <input type="checkbox"/>
7. Name and Address of Current Registered Agent			8. Name and Address of New Registered Agent		
TRUTE, MELVYN 1090 KANE CONCOURSE STE 202 BAY HARBOR ISLANDS FL 33154			Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code		
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.					
SIGNATURE _____ DATE _____ <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)</small>					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGRM	TRUTE, MELVYN	1090 KANE CONCOURSE STE 20		BAY HARBOR ISLANDS FL	
MGRM	LAZAN, DAVID M	5473 NO. BAY ROAD		MIAMI BEACH FL	
300002090113--5 -02/18/97--01013--021 ****203.75 ****203.75 188 2/14/97					
11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.					
SIGNATURE: <i>Melvyn Trute</i> (MELVYN TRUTE)		Date: 2/12/97		Daytime Phone #: (305) 865-6736	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER					