

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 05, 2006 8:00 am
Secretary of State

04-05-2006 90023 027 ****50.00

DOCUMENT # L99000000559

1. Entity Name
HOPS OF BALTIMORE COUNTY, LLC



Principal Place of Business
HANCOCK @ WASHINGTON
MADISON, GA 30650

Mailing Address
HANCOCK @ WASHINGTON
MADISON, GA 30650

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03142006 Chg-LLC CR2E083 (11/05)

4. FEI Number
59-3558578

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE, SUITE 4
WESTON, FL 33331

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	BLOCHER, MITCHELL S	
STREET ADDRESS	HANCOCK @ WASHINGTON	
CITY-ST-ZIP	MADISON, GA 30650	
TITLE	VPT	<input checked="" type="checkbox"/> Delete
NAME	LIGON, TIMOTHY R	
STREET ADDRESS	HANCOCK AT WASHINGTON	
CITY-ST-ZIP	MADISON, GA 30650	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	WILLIAMS, PERCY	
STREET ADDRESS	HANCOCK AT WASHINGTON	
CITY-ST-ZIP	MADISON, GA	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE	CEO	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Raymond Barbrick	
STREET ADDRESS	150 Hancock St.	
CITY-ST-ZIP	Madison, GA 30650	
TITLE	CFO	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kurt Schaubelt	
STREET ADDRESS	150 Hancock St.	
CITY-ST-ZIP	Madison, GA 30650	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Kurt F. Schaubelt 3/29/06 706 343-2055