

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 24, 2002 8:00 am
Secretary of State

04-22-2002 90236 047 ****50.00

DOCUMENT # L99000008920

1. Entity Name

HIGH HOPES PRODUCTION, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1102 Washington St.

Suite, Apt. #, etc.

3. Mailing Address

3423 Piedmont Rd, NE

Suite, Apt. #, etc.

Suite 313

City & State

Key West, FL

City & State

Atlanta, GA

Zip

33040

Country

U.S.A.

Zip

30305

Country

U.S.A.

4. FEI Number

Applied for

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Richard T. Lewis

Street Address (P.O. Box Number is Not Acceptable)

1102 Washington Street

City

Key West

FL

Zip Code

33040

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE

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

DATE

FEE IS \$50.00

**Make Check Payable to Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Manager
Richard T. Lewis
1102 Washington St.
Key West, FL 33040

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Manager
Susa E. DeRose
1102 Washington St.
Key West, FL 33040

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

11. I 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 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 #

CR2E083B (12/01)