2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M98000000730

1. Entity Name

SA-HOP, LIMITED COMPANY



Principal Place of Business

14332 MARSH HAMMOOCK DR S JACKSONVILLE, FL 32224 Mailing Address

14332 MARSH HAMMOOCK DR S JACKSONVILLE, FL 32224

FILED Apr 06, 2004 8:00 am Secretary of State

04-06-2004 90131 008 ****50.00

24036310



02092004 No Chg-LLC

CR2E083 (10/03)

4.	FEI Number		Applied For	
	34-1850374		Not Applica	ble
5.	Certificate of Status Desired	\$5.0 Fee F	Additional ⁼	۷.

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

FIRESTONE, DAVID K
9901 SUNSET GOVE LANE #224
FT MYERS, FL 33919

8145 Breton Circle 33912 DO NOT WRITE
IN THIS SPACE

			in the state of th	***
	named entity submits this statement for the purpose of changing its register ions of registered agent.	ed office or registered agent, or both, in the	ne State of Florida I am familiar	with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registere	d Agent signature required when reinstating)	, DATE	
	ling Fee is \$50.00 ue by May 1, 2004		•	
9.	MANAGING MEMBERS/MANAGERS	· V		
TITLE	MGRM	*		-
NAME	SAPARA, RICHARD E	and the state of t	• ,	
STREET ADDRESS	340 GIRALDA AVENUE, APT 516	, , ,	5	
CITY-ST-ZIP	CORAL GABLES, FL 33134	i ·		and in
TITLE	MGRM	1 ·		,
NAME	HOPKINS, BRIAN L	*	9	
STREET ADDRESS	14332 MARSH HAMMOOCK DR S	•	* . **	
CITY-ST-ZIP	JACKSONVILLE, FL 32224		to the second	
TITLE		To 1 46 V Ann Amag また 4巻 - 生 変わ		್ ಬಿರುವಣದ 🎉
NAME			, , , , , , , , , , , , , , , , , , ,	
STREET ADDRESS		DO NA	OT WRITE	- A
CITY - ST - ZIP		I DO IN	OI WHILE	
TITLE		INITH	IS SPACE	
NAME			IO OI AOL	
STREET ADDRESS			e de la companya de l	
CITY-ST-ZIP]		1 1 1 2
TITLE		·		
NAME			*	te to the second
STREET ADDRESS			•	
CITY-ST-ZIP				
TITLE				شنج ف بنج مد ساو عما شبد. افار در اس
NAME			EFTE:	ر هو د مص <u>حب سیب سیب</u>
STREET ADDRESS				
CITY-ST-ZIP			in the second second	
			Control Control Control Ave Ave	e karrolling i i ji melinga bir kemili i

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: Liuriher 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.

SIGNATU	IDE:
SIGIVAL	mL.

Buan L. Hughma

3 25 a

904-633-5274

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

Date

Daytime Phone #