

**2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2006**

DOCUMENT # A04000000963

1. Entity Name

SOUTH HANCOCK, LTD.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 APR 24 AM 9:11

Principal Place of Business
3333 SOUTH ORANGE AVE, STE 200
ORLANDO FL 32806-8500

Mailing Address
3333 SOUTH ORANGE AVE, STE 200
ORLANDO FL 32806-8500

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

[Handwritten Signature]



1st MOORE

CR2E003 (10/05)

4. FEI Number

AP-PLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CARTER, DARYL M
3333 SOUTH ORANGE AVE, STE 200
ORLANDO FL 32806-8500

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.

DATE

FILE NOW!!! Fee is \$500. * After May 1, 2006, fee will be \$900. *** Make check payable to Florida Department of State.**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # P96000050552
NAME MAURY L. CARTER MANAGEMENT CORPORATION
STREET ADDRESS 3333 SOUTH ORANGE AVE, STE 200
CITY-ST-ZIP ORLANDO FL 32806-8500

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
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CITY-ST-ZIP

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CITY-ST-ZIP

STAPLE CHECK HERE

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

Daryl M Carter, President, Maury L Carter Mgmt Corp, General Partner

SIGNATURE: *[Handwritten Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Apr 20 06

407/422-3144

Date

Daytime Phone #