



# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 22, 2004 8:00 am**  
**Secretary of State**

04-22-2004 90351 006 \*\*\*\*50.00

<b>DOCUMENT # L02000020603</b>					
<b>1. Entity Name</b> HANCOCK VILLAGE, L.L.C.					
<b>Principal Place of Business</b> 300 INTERNATIONAL PARKWAY, SUITE 184 HEATHROW, FL 32746			<b>Mailing Address</b> 300 INTERNATIONAL PARKWAY, SUITE 184 HEATHROW, FL 32746		
<b>2. Principal Place of Business</b> 951 Market Promenade Ave. Suite, Apt. #, etc. Suite 2105 City & State Lake Mary, FL Zip 32746 Country USA		<b>3. Mailing Address</b> 951 Market Promenade Ave. Suite, Apt. #, etc. Suite 2105 City & State Lake Mary, FL Zip 32746 Country USA			
04122004 Chg-LLC CR2E083 (10/03)				<b>4. FEI Number</b> 22-3864209	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				Applied For Not Applicable	
<b>6. Name and Address of Current Registered Agent</b> LUBINSKY, TERRY 300 INTERNATIONAL PARKWAY, SUITE 184 HEATHROW, FL 32746			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) 951 Market Promenade Ave. - Suite 2105 City Lake Mary FL Zip Code 32746		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM LUBINSKY, TERRY 300 INTERNATIONAL PARKWAY, SUITE 184 HEATHROW, FL 32746	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	951 Market Promenade Ave. - Suite 2105 Lake Mary, FL 32746	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CANNON, FRANK J 300 INTERNATIONAL PARKWAY, SUITE 184 HEATHROW, FL 32746	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	951 Market Promenade Ave. - Suite 2105 Lake Mary, FL 32746	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>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.</b>					
<b>SIGNATURE:</b> <i>Terry Lubinsky</i>			TERRYLUBINSKY 4-19-04 (407) 804-8949		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		