

**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

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

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

**DOCUMENT # L02000020603**

1. Entity Name  
**HANCOCK VILLAGE, L.L.C.**



Principal Place of Business  
**300 INTERNATIONAL PARKWAY, SUITE 184  
 HEATHROW, FL 32746**

Mailing Address  
**300 INTERNATIONAL PARKWAY, SUITE 184  
 HEATHROW, FL 32746**



2. Principal Place of Business  
**951 Market Promenade Ave.  
 Suite 2105**

3. Mailing Address  
**951 Market Promenade Ave.  
 Suite 2105**

04122004 Chg-LLC CR2E083 (10/03)

City & State  
**Lake Mary, FL**

City & State  
**Lake Mary, FL**

4. FEI Number  
**22-3864209**

Applied For  
 Not Applicable

Zip Country  
**32746 USA**

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**32746 USA**

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

**6. Name and Address of Current Registered Agent**

**LUBINSKY, TERRY  
 300 INTERNATIONAL PARKWAY, SUITE 184  
 HEATHROW, FL 32746**

**7. Name and Address of New Registered Agent**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**951 Market Promenade Ave. -  
 Suite 2105**

City **Lake Mary** State **FL** Zip Code **32746**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00  
 Due by May 1, 2004**

\_\_\_\_\_

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

9. MANAGING MEMBERS / MANAGERS	
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	MGRM CANNON, FRANK J 300 INTERNATIONAL PARKWAY, SUITE 184 HEATHROW, FL 32746 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 951 Market Promenade Ave. - Suite 2105 Lake Mary, FL 32746
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 951 Market Promenade Ave. - Suite 2105 Lake Mary, FL 32746
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

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: Terry Lubinsky **TERRY LUBINSKY** 4-19-04 (407) 804-8949  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #