


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 03, 2007 8:00 am**  
**Secretary of State**

05-03-2007 90257 022 \*\*\*\*50.00

<b>DOCUMENT # L03000036068</b> 1. Entity Name <b>HANCOCK MANAGEMENT INTERNATIONAL, LC</b>					
Principal Place of Business <b>1570 TARPON STREET</b> <b>MERRITT ISLAND, FL 32952 US</b>			Mailing Address <b>PO BOX 236774</b> <b>COCOA, FL 32923 US</b>		
2. Principal Place of Business - No P.O. Box # <b>142 Homburg Place</b> <small>Suite, Apt. #, etc.</small>		3. Mailing Address <b>PO Box 236774</b> <small>Suite, Apt. #, etc.</small>			
City & State <b>Cocoa FL 2</b>		City & State <b>Cocoa FL</b>		4. FEI Number <b>75-3130742</b>	
Zip <b>32927</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>HANCOCK, BETTINA M</b> <b>1570 TARPON STREET</b> <b>MERRITT ISLAND, FL 32952</b>			7. Name and Address of New Registered Agent Name <b>Hancock, Bettina M</b> Street Address (P.O. Box Number is Not Acceptable) <b>142 Homburg Place</b> City <b>Cocoa</b> <b>FL</b> Zip Code <b>32927</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. SIGNATURE <b>Bettina M. Hancock</b> <b>in Hancock</b> <b>Bettina M. Hancock</b> <b>4/30/07</b>					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <b>HANCOCK, BETTINA M</b> <b>1570 TARPON STREET</b> <b>MERRITT ISLAND, FL 32952</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <b>Hancock, Bettina M.</b> <b>142 Homburg Place</b> <b>Cocoa, FL 32927</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	
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	
11. 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 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: <b>Bettina M. Hancock</b> <b>Bettina M. Hancock</b> <b>4/30/07</b> <b>321-482-2237</b>					