


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 24, 2005 8:00 am**  
**Secretary of State**

01-24-2005 90105 018 \*\*\*\*50.00

<b>DOCUMENT # L04000050672</b>					
<b>1. Entity Name</b> SHOPS AT HANCOCK, LLC					
<b>Principal Place of Business</b> 8525 REDLEAF LANE ORLANDO, FL 32819			<b>Mailing Address</b> 8525 REDLEAF LANE ORLANDO, FL 32819		
<b>2. Principal Place of Business</b>  Suite, Apt. #, etc.		<b>3. Mailing Address</b>  Suite, Apt. #, etc.			
<b>City &amp; State</b>		<b>City &amp; State</b>		<b>4. FEI Number</b> 13-3905608	
<b>Zip</b>		<b>Country</b>		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  ICARDI, JEFFREY A 549 WYMORE RD NORTH SUITE 109 MAITLAND, FL 32751			<b>7. Name and Address of New Registered Agent</b>  Name <u>Icardi, Jeffrey A.</u> Street Address (P.O. Box Number is Not Acceptable) <u>2180 W. State Road 434, Ste. 6190</u>  City <u>Longwood</u> <b>FL</b> Zip Code <u>32779</u>		
<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 <u>[Signature]</u> DATE <u>1/11/05</u> <small>Signature, typed or printed name of registered agent and (if applicable) (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> RHC DEVELOPMENT, LLC 8525 REDLEAF LANE ORLANDO, FL 32819 <input type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<b>TITLE</b> 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> <u>[Signature]</u>			Date <u>1.12.05</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Daytime Phone #</small>		

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01062005 Chg-LLC CR2E083 (10/03)