

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 14, 2005 8:00 am**  
**Secretary of State**

04-14-2005 90025 048 \*\*\*\*55.00

**DOCUMENT # L04000055766**

1. Entity Name

HANCOCK JH2 RANCH, LLC



Principal Place of Business

319 CENTRAL AVE.  
FROSTPROOF FL 33483

Mailing Address

319 CENTRAL AVE.  
FROSTPROOF FL 33483

2. Principal Place of Business

3. Mailing Address

70 Pine Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

West Palm Beach FL

Zip

Country

Zip

33413

Country



1st MOORE

CR2E083 (10/04)

4. FEI Number

20-1437397

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HANCOCK, JAMES  
319 CENTRAL AVE.  
FROSTPROOF FL 33483

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM  
NAME HANCOCK, JAMES  
STREET ADDRESS P.O. BOX 567  
CITY-ST-ZIP WEST PALM BEACH FL 33413

☐ Delete

TITLE MGRM  
NAME HANCOCK, James  
STREET ADDRESS 70 Pine Ave  
CITY-ST-ZIP West Palm Beach, FL 33413

☒ Change

☐ Addition

TITLE MGRM  
NAME HANCOCK, LADONA  
STREET ADDRESS P.O. BOX 567  
CITY-ST-ZIP WEST PALM BEACH FL 33413

☐ Delete

TITLE MGRM  
NAME HANCOCK, Ladona  
STREET ADDRESS 70 Pine Ave  
CITY-ST-ZIP West Palm Beach, FL 33413

☒ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

James Hancock

7 April 05

Date

561 684-1743

Daytime Phone #