2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 12, 2006
Secretary of State

DOCUMENT# L04000055766

Entity Name: HANCOCK JH2 RANCH, LLC

Current Principal Place of Business:

319 CENTRAL AVE.
FROSTPROOF, FL 33483

New Principal Place of Business:

Current Mailing Address:

70 PINE AVE
WEST PALM BEACH, FL 33413

New Mailing Address:

319 CENTRAL AVE.
FROSTPROOF, FL 33843

FEI Number: 20-1437397 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

HANCOCK, JAMES
319 CENTRAL AVE.
FROSTPROOF, FL 33483 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: HANCOCK, JAMES
Address: 70 PINE AVE
City-St-Zip: WEST PALM BEACH, FL 33413

Title: MGRM ( ) Delete
Name: HANCOCK, LADONA
Address: 70 PINE AVE
City-St-Zip: WEST PALM BEACH, FL 33413

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: HANCOCK, JAMES
Address: 319 CENTRAL AVE.
City-St-Zip: FROSTPROOF, FL 33843

Title: MGRM (X) Change ( ) Addition
Name: HANCOCK, LADONA
Address: 319 CENTRAL AVE.
City-St-Zip: FROSTPROOF, FL 33843

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JAMES HANCOCK MGR 07/12/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date