


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT


**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90042 020 \*\*\*\*50.00

|   |   |
|---|---|
| <b>DOCUMENT # L05000032244</b>                        |  |
| 1. Entity Name<br><b>HANCOCK BRIDGE OPERATING LLC</b> |   |

|  |  |
|--|--|
| Principal Place of Business<br><b>3434 HANCOCK BRIDGE PKWY<br/>204<br/>NORTH FT. MYERS, FL 33903</b> | Mailing Address<br><b>3434 HANCOCK BRIDGE PKWY<br/>204<br/>NORTH FT. MYERS, FL 33903</b> |
|--|--|

|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |
| City & State                   |         | City & State        |         |
| Zip                            | Country | Zip                 | Country |



01052006 Chg-LLC CR2E083 (11/05)

|  |  |
|--|--|
| 4. FEI Number<br><b>32-0146130</b>   | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required |  |

|   |  |
|---|--|
| <b>6. Name and Address of Current Registered Agent</b>                                    | <b>7. Name and Address of New Registered Agent</b> |
| <b>ROY, PAULETTE M<br/>3434 HANCOCK BRIDGE PKWY<br/>204<br/>NORTH FT. MYERS, FL 33903</b> | 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 *Paulette M Gray* DATE 1-12-06

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

|   |  |
|---|--|
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2006</b> | <b>Make check payable to<br/>Florida Department of State</b> |
|---|--|

| 9. MANAGING MEMBERS/MANAGERS                   |   | 10. ADDITIONS/CHANGES                          |   |
|--|---|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>ROY, PAULETTE M<br>3434 HANCOCK BRIDGE PKWY #204<br>NORTH FORT MYERS, FL 33903 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>ROY, RONALD G<br>3434 HANCOCK BRIDGE PKWY<br>NORTH FT. MYERS, FL 33903 <input type="checkbox"/> Delete         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>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: *Paulette M Gray* Date 4/21/06 239-997-9201

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

# Bill Payment Stub

ATTACHMENT

20039650

#LDS000032244

Check Date: 4/20/2006

Check No.: 5152

Check Amount: 50.00

Hancock Bridge Operating, LLC.  
3434 Hancock Bridge Parkway  
#204  
North Fort Myers, FL 33903

Paid To: Florida Dept. of State

| Date      | Type | Reference | Original Amt. | Balance | Discount | Payment |
|-----------|------|-----------|---------------|---------|----------|---------|
| 4/21/2006 | Bill |           | 50.00         | 50.00   |          | 50.00   |

Check Amount

50.00