


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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


05-01-2006 90042 024 ****50.00

DOCUMENT # L05000032255	
1. Entity Name HANCOCK BRIDGE HOLDINGS LLC	

Principal Place of Business 3434 HANCOCK BRIDGE PKWY 204 NORTH FORT MYERS, FL 33903 US	Mailing Address 3434 HANCOCK BRIDGE PKWY 204 NORTH FORT MYERS, FL 33903 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

20039646



01052006 Chg-LLC CR2E083 (11/05)

4. FEI Number 20-2577287	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ROY, PAULETTE M 3434 HANCOCK BRIDGE PKWY 204 NORTH FORT MYERS, FL 33903		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 Roy* DATE 1-12-06

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

Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ROY, PAULETTE M 3434 HANCOCK BRIDGE PKWY NORTH FORT MYERS, FL 33903 <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
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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 *Paulette M Roy* DATE 4/21/06 DAYTIME PHONE # 239-997-9201

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

ATTACHMENT

20039166

L05000032255

Bill Payment Stub

Check Date: 4/20/2006

Check No.: 7055

Check Amount: 50.00

Hancock Bridge Holdings, LLC.
3434 Hancock Bridge Pkwy
Ste: 204
North Fort Myers, FL 33903

Paid To: Florida Dept of State

Date	Type	Reference	Original Amt.	Balance	Discount	Payment
4/20/2006	Bill		50.00	50.00		50.00

Check Amount

50.00