

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 28, 2008 8:00 am**  
**Secretary of State**

01-28-2008 90070 016 \*\*\*138.75

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01212008 Chg-LLC CR2E083 (12/06)

<b>DOCUMENT # L05000055068</b> 1. Entity Name <b>HANCOCK VILLAGE CLERMONT, LLC</b>					
Principal Place of Business <b>2580 EAST STATE ROAD 50 CLERMONT, FL 34711</b>			Mailing Address <b>444 SEABREEZE BLVD STE 200 DAYTONA BEACH, FL 32118</b>		
2. Principal Place of Business - No P.O. Box # <b>2580 East State Road 50</b>		3. Mailing Address <b>45 Seton Trail</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>Clermont FL</b>		City & State <b>Ormond Beach FL</b>		4. FEI Number <b>20-2972047</b>	
Zip <b>34711</b>		Country <b>U.S.A</b>		Zip <b>32176</b>	
Country <b>U.S.A</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>BHOOLA, MOHAN 45 SETON TRAIL ORMOND BEACH, FL 32176</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>			<b>Make check payable to Florida Department of State</b>		
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM SHAH, INDRAVADAN 770 JOHN ANDERSON DR ORMOND BEACH, FL 32176</b> <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	<b>MGR VAGHAIWALLA, MINOO 447 N BEACH ST ORMOND BEACH, FL 32174</b> <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	<b>MGR BHOOLA, MOHAN 444 SEABREEZE BLVD STE 200 DAYTONA BEACH, FL 32118</b> <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	
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.					
<b>SIGNATURE:</b> _____ <i>Minoo R. Vaghaiwalla</i> <b>1/25/08</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					