2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000057356

Entity Name: HANCOCK FIFTEEN, LLC

CLERMONT, FL 34714 US

City-St-Zip:

FILED Apr 20, 2006 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:	
	GAN CROSSIN	IGS BLVD.		
SUITE 103 CLERMON	3 NT, FL 34714	US		
Current Mailing Address:			New Mailing Address:	
16554 CAGAN CROSSINGS BLVD.		IGS BLVD.		
SUITE 103 CLERMON	3 NT, FL 34714	US		
	: 20-2977123	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:	
713 WEST	LEIGH A ESQ. MONTROSE NT, FL 34714			
	e named entity s e of Florida.	submits this statement for the p	ourpose of changing its registere	d office or registered agent, or both
SIGNATU	RE:			
	Electron	ic Signature of Registered Age	ent	Date
MANAGING MEMBERS/MANAGERS:			ADDITIONS/CHANGES:	
Title: Name: Address: City-St-Zip:	BOUCHARD, G	CROSSINGS BLVD., SUITE 103	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	WALLACE, DAY	POINTE BLVD.	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	WOODY, BERN	POINTE BLVD.	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address:	ATCHOO, KEVI	Delete N CROSSINGS BLVD., SUITE 103	Title: Name: Address:	() Change () Addition

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.

City-St-Zip:

SIGNATURE: GUY BOUCHARD MGRM 04/20/2006