2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000057356

Entity Name: HANCOCK FIFTEEN, LLC

FILED Apr 21, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:	
8151 VINELAND AVENUE ORLANDO, FL 32821 US		
Current Mailing Address:	New Mailing Address:	
8151 VINELAND AVENUE ORLANDO, FL 32821 US		
FEI Number: 20-2977123 FEI Number Applied For (() FEI Number Not Applicable () Certificate of Status Desired ()	
Name and Address of Current Registered Age	nt: Name and Address of New Registered Agent:	
TUCKER, LEIGH A ESQ. 2215 CLUSTER OAK DRIVE CLERMONT, FL 34711 US	TUCKER, LEIGH A ESQ. 2215 CLUSTER OAK DRIVE SUITE 1 CLERMONT, FL 34711 US	

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: LEIGH A. TUCKER			04/21/2009
	Electronic Signature of Registered Agent		Date
MANAGING	MEMBERS/MANAGERS:	ADDITIONS/CHANGES:	
Title:	MGRM () Delete	Title:	() Change () Addition
Name:	BOUCHARD, GUY	Name:	
Address:	11210 CRESCENT BAY BLVD	Address:	
City-St-Zip:	CLERMONT, FL 34711 US	City-St-Zip:	
Title:	MGRM () Delete	Title:	() Change () Addition
Name:	WALLACE, DAVID	Name:	
Address:	11740 OSPREY POINTE BLVD.	Address:	
City-St-Zip:	CLERMONT, FL 34711 US	City-St-Zip:	
Title:	MGRM () Delete	Title:	()Change ()Addition
Name:	WOODY, BERNIE	Name:	
Address:	11740 OSPREY POINTE BLVD.	Address:	
City-St-Zip:	CLERMONT, FL 34711 US	City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify 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:	GUY N. BOUCHARD	MGRM	04/21/2009
	Electronic Signature of Signing Managing Member,	Manager, or Authorized Representativ	e / Date