

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 06, 2008 8:00 am
Secretary of State

05-06-2008 90007 023 ***138.76

DOCUMENT # L05000069362

1. Entity Name
HANCOCK REALTY INVESTMENTS LLC



Principal Place of Business
**207 OAKLAND AVENUE
SANFORD, FL 32773**

Mailing Address
**207 OAKLAND AVENUE
SANFORD, FL 32773**

60039659



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt., #, etc.

Suite, Apt., #, etc.

03262008 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number

26-0120686

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HANCOCK, JOSEPH R
207 OAKLAND AVENUE
SANFORD, FL 32773**

Name **HANCOCK SUE A**

Street Address (P.O. Box Number is Not Acceptable)

207 OAKLAND AVE

City **SANFORD**

FL

Zip Code **32773**

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

Sue Hancock

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3-26-08

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
HANCOCK, JOSEPH R
207 OAKLAND AVENUE
SANFORD, FL 32773**

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
**MGRM
HANCOCK, SUE A
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SANFORD, FL 32773**

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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:

Sue Hancock

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

3-26-08

Date

Daytime Phone #