2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED Aug 01, 2005 08:00 AM Secretary of State DOCUMENT # M04000003560 1. Entity Name HANOVER/METLIFE G.P. LLC Principal Place of Business . Mailing Address 5847 SAN FELIPE, SUITE 3600 C/O THE HANOVER COMPANY HOUSTON TX 77057 5847 SAN FELIPE, SUITE 3600 C/O THE HANOVER COMPANY HOUSTON TX 77057 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/04) City & State City & State 4. FEI Number Applied For 76-0635917 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CAPITOL CORPORATE SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 1333 N DUVAL ST. TALLAHASSEE FL 32303 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. Lam familiar with, and accept tile obligations of registered agent. Signature, typed or printed name of registered agent and little it applicable (Quitatane) new behavior equation and Agent agent agent agent (ACM) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005 MANAGING MEMBERS/MANAGERS 9. 10 ADDITIONS/CHANGES MEE MGRM Delete mar ☐ Change ☐ Addition NAME HANOVER/METLIFE MASTER LIMITED PARTNERSHIP STREET ADDRESS 5847 SAN FELIPE, SUITE 3600 STREE: AUDRESS CITY-ST-ZIP HOUSTON TX 77057 JULY-ST-ZIP TITLE Delete 4111 ☐ Change Addition NAME NAME U00000375249 STREET ADDRESS STREET ADDRESS 08/01/05-80010-017 50.00 CITY ST-ZIP UTTY-ST-ZIE HILL ☐ Delete BILLE Change Addition NAME NAME STREET ADDRESS DIRECT ADDRESS CITY-ST-ZIP UPY-SI-ZIP ☐ Detete utt Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CHY-SI-ZA TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-ZIP TITLE Mill Delete □ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHLY-\$1-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3)(i), 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: 1.21.05 1/3-247-2100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGER, OR AUTHORIZED REPRESENTATIVE LIGHT DAVISING PRODE &

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