

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jun 12, 2007 08:00 AM
Secretary of State

DOCUMENT # M04000003560

1. Entity Name
HANOVER/METLIFE G.P. LLC



Principal Place of Business
**5847 SAN FELIPE, SUITE 3600
C/O THE HANOVER COMPANY
HOUSTON, TX 77057**

Mailing Address
**5847 SAN FELIPE, SUITE 3600
C/O THE HANOVER COMPANY
HOUSTON, TX 77057**



05202007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
76-0635917

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

**CAPITOL CORPORATE SERVICES, INC.
155 OFFICE PLAZA DR.
SUITE A
TALLAHASSEE, FL 32301**

**DO NOT WRITE
IN THIS SPACE**

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by September 14, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
HANOVER/METLIFE MASTER LIMITED PARTNERSHIP
5847 SAN FELIPE, SUITE 3600
HOUSTON, TX 77057**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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U000000786135
06/12/07-800003-001 50.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

Kathy K. Binford

6-507 713.580.1193

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

Date

Daytime Phone #