

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000068356

Entity Name: HALFWAY HAMMOCK, LLC

FILED
Mar 16, 2011
Secretary of State

Current Principal Place of Business:

3330 FRIARS COVE ROAD
ST CLOUD, FL 34772 US

New Principal Place of Business:

Current Mailing Address:

3330 FRIARS COVE ROAD
ST CLOUD, FL 34772 US

New Mailing Address:

FEI Number: 20-3139284

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALLACE, JUDITH P
3330 FRIARS COVE ROAD
ST CLOUD, FL 34772 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: WALLACE, JUDITH P
Address: 3330 FRIARS COVE ROAD
City-St-Zip: ST CLOUD, FL 34772 US

Title: MGRM
Name: WALLACE, JACK B
Address: 3330 FRIARS COVE ROAD
City-St-Zip: ST CLOUD, FL 34772 US

Title: MGRM
Name: CALDERON, EDWARD J
Address: 3340 FRIARS COVE ROAD
City-St-Zip: ST CLOUD, FL 34772 US

Title: MGRM
Name: CALDERON, DUSTIN S
Address: 3334 FRIARS COVE ROAD
City-St-Zip: ST CLOUD, FL 34772 US

I hereby 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: JUDITH P WALLACE

MGR

03/16/2011

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date