2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000009034

Address:

2525 PONCE DE LEON BLVD., STE 250

City-St-Zip: CORAL GABLES, FL 33134

Entity Name: HAMMOCK BEACH INVESTMENT GROUP, LLC

FILED Feb 25, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:	
	ICE DE LEON ABLES, FL 33	BLVD., STE 250 3134		
Current Mailing Address:			New Mailing Address:	
	ICE DE LEON ABLES, FL 33	BLVD., STE 250 3134		
FEI Number	: 20-8302900	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	d Address of (Current Registered Agent:	Name and Addres	s of New Registered Agent:
2100 SAL2	A & FERNAND ZEDO STREE ABLES, FL 33			
	e named entity e of Florida.	submits this statement for the	purpose of changing its registe	ered office or registered agent, or both
SIGNATU	RE:			
	Electro	nic Signature of Registered Ag	ent	Date
MANAGING MEMBERS/MANAGERS:			ADDITIONS/CHANGES:	
Title: Name: Address: City-St-Zip:	CUSCO, ENRI	DE LEON BLVD., STE 250	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	CUSCO, EDUA	DE LEON BLVD., STE 250	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	CUSCO, JORG	DE LEON BLVD., STE 250	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name:	MGR (EINHORN, ARI) Delete NOLD M	Title: Name:	() Change () Addition

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.

Address:

City-St-Zip:

SIGNATURE: EDUARDO CUSCO 02/25/2009