

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000125379

**Entity Name:** 5281 CLARION HAMMOCK LLC

**Current Principal Place of Business:**

160 NORTH SPRING TRAIL  
ALTAMONTE SPRINGS, FL 32714

**Current Mailing Address:**

160 NORTH SPRING TRAIL  
ALTAMONTE SPRINGS, FL 32714 US

**FEI Number:** 45-3559122

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MILLS, BARBARA A  
160 NORTH SPRING TRAIL  
ALTAMONTE SPRINGS, FL 32714 US

*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

**Authorized Person(s) Detail :**

Title MGRM  
Name MILLS, MICHAEL  
Address 160 NORTH SPRING TRAIL  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title MGRM  
Name MILLS, BARBARA  
Address 160 NORTH SPRING TRAIL  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

*I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** BARBARA MILLS

MGRM

02/08/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date