


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jul 14, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L01000005156</b> 1. Entity Name BULL HAMMOCK PROPERTY MANAGEMENT, L.C.	
--	---

Principal Place of Business 160 LAMONT RD. FT. PIERCE, FL 34947	Mailing Address 160 LAMONT RD. FT. PIERCE, FL 34947
---	---

<b>DO NOT WRITE IN THIS SPACE</b>
-----------------------------------



07062006 No Chg-LLC CR2E083 (11/05)

4. FEI Number 65-1092023	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
---	--

6. Name and Address of Current Registered Agent  CARLTON, MARGARET H 160 LAMONT RD. FT. PIERCE, FL 34947
--

<b>DO NOT WRITE IN THIS SPACE</b>
---------------------------------------

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
--	--	------------

<b>Filing Fee is \$50.00 Due by September 6, 2006</b>
---

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CARLTON, MARGARET H 160 LAMONT RD. FT. PIERCE, FL 34947
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>000000570141 07/14/06-80001-003 50.00</p> <b>DO NOT WRITE IN THIS SPACE</b>
--

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.

<b>SIGNATURE:</b> <u>Margaret H Carlton</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	<u>07-10-06</u> <small>Date</small>	<u>772-461-2817</u> <small>Daytime Phone #</small>
--	--	---