

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L01000005457

1. Entity Name
CHASE HAMMOCK LAKES, L.L.C.



Principal Place of Business
5604 N. ATLANTIC AVE.
COCOA BEACH, FL 32931

Mailing Address
5604 N. ATLANTIC AVE.
COCOA BEACH, FL 32931



03222005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

GREEN, JANICE
5604 N. ATLANTIC AVE.
COCOA BEACH, FL 32931

**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 May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
GREENE, MARTIN
5604 N ATLANTIC AVE
COCOA BEACH, FL 32931

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
GREENE, JANICE
5604 N ATLANTIC AVE
COCOA BEACH, FL 32931

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

000000339914
04/28/05-80091-011 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: J. McNeal J. Greene
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

321-799-0799