2005 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
Apr 25, 2005
Secretary of State

DOCUMENT# L01000010231

Entity Name: HUDSON HAMMOCKS, LLC

Current Principal Place of Business:

10788 S.W. LONGWOOD DR
ARCADIA, FL 342697082 US

New Principal Place of Business:

Current Mailing Address:

50 GLENMERE AVE.
FLORIDA, NY 109211204

New Mailing Address:

10788 S. W. LONGWOOD DR.
ARCADIA, FL 342697082

FEI Number: 65-1115973 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WOTITZKY, HAL
223 TAYLOR ST.
PUNTA GORDA, FL 33950 US

Name and Address of New Registered Agent:

WOTITZKY, EDWARD L ESQUIRE
109 TAYLOR ST.
SUITE 109
PUNTA GORDA, FL 33950 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: EDWARD L. WOTITZKY 04/25/2005
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete
Name: HUDSON, TERRY D
Address: 50 GLENMERE AVE.
City-St-Zip: FLORIDA, NY 109211204

Title: MGRM ( ) Delete
Name: HUDSON, ALICIA P
Address: 303 19TH ST.
City-St-Zip: PALM HARBOR, FL 34683

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: HUDSON, TERRY D
Address: 10788 S W LONGWOOD DR.
City-St-Zip: ARCADIA, FL 342697082

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: TERRY D. HUDSON MGRM 04/25/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date