LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED Jul 17, 2002 8:00 am Secretary of State

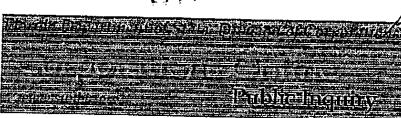
DOCUMENT # L01000021676 1. Entity Name					06-04-2002 90220 031 ***450.0 07-16-2002 90372 009 ****50.0		
THE H	AMMOCK GROUP, LLC						
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2. Principal	Arlington Rd	Malling Address Suite, Apt. #, etc.	took	8	DO NOT WRITE	97510	
Zip	ate Ax, FL Country US A	City & State Tox Fr Zip 32211	Country USA		Number 073190	55.00 Additiona	olicable
	DO NOT WR	TE	Name	7. Nam	e and Address of Current Re Carles Mann Number is Not Acceptable)	Fee Required	
. That's how	IN THIS SPA		City	OT	rlington Rd	FL Zip Code 32211	
SIGNATURE	e named entity submits this statement for the		istered office o	r registered agen	, or both, in the State of Florida	DATE	_
		Make Check Payat DUE	IS \$50.00 ble to Depart BY MAY 1	ment of State			
9.	MANAGING MEMBERS/M	ANAGERS					
TITLE Name	marm		TITLE				Ē
STREET ADDRESS	L. Charles Mann		NAME Street address				12
CITY-ST-ZIP	165 Arlington R	6	CITY-ST-ZIP				CRZE083B (12/01)
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NAME	.	_	NAME				23
STREET ADDRESS CITY-ST-ZIP	Leigh B. Broward	• ^	STREET ADDRESS				٦
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CITY-ST-ZIP			STREET ADDRESS STY-ST-ZIP				:
11. I hereby co	ertify that the information supplied with this filing		-	tin Brazila a 445 6			

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.

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

Attachmit

1. Entity N	UMENT # L010000					716	10
THE H	IAMMOCK GROUP, LLC		J			, ,	
	DO NOT WRITE	IN THIS S	SPACE	-		Andrew State & State of	
	l Place of Business	3. Mailing Address	<u> </u>	# 1, **			
Suite, Ap	Arlington Rd	Suite, Apt. #, etc.	a touz	-8	DO NOT WRI	TE IN THIS SPA	CE
City & St.	ate ax, FL.	City & State		4. FEI		·	Applied For
Zip	Country USA	Zip 32211	Country	5 Con	ficate of Status Desired	- \$5	Not Applica
	<u>11 (</u>)	AZU	<u></u>	and Address of Current	Fee	Required
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	DO NOT W		Street	Address (P.O. Box N	umber is Not Acceptable	<u> </u>	
	IN THIS SF	ACE	.			, 	_
. *			City	162 4	lington Rd	·—	
B. The about	e named entity submits this statement fo			Jan		FL	Zip Code .
•	Sephature, typed or printed name of registered agent a					DATE	
•		nd life if applicable. Make Check P	FEE IS \$50.00 ayable to Depar DUE BY MAY.1	tment of State		DATE	
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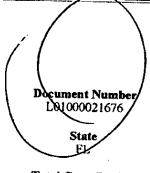


Page 1 of 2
Hackman

Florida Limited Liability

THE HAMMOCK GROUP, LLC

PRINCIPAL ADDRESS 165 ARLINGTON ROAD JACKSONVILLE FL 32211



Total Contribution 0.00

MAILING ADDRESS 165 ARLINGTON ROAD JACKSONVILLE FL 32211

> FEI Number NONE

> > Status **ACTIVE**

Date Filed 12/14/2001

Effective Date NONE

Registered Agent

Name & Address

MANN, L. CHARLES 165 ARLINGTON ROAD JACKSONVILLE FL 32211

Manager/Member Detail

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Name & Address	Title
MANN, L. CHARLES 165 ARLINGTON ROAD JACKSONVILLE FL 32211	MGRM
BROWARD, LEIGH B 1229 FOREST OAK DRIVE NEPTUNE BEACH FL 32266	MGRM