2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 15, 2006
Secretary of State

DOCUMENT# L01000022871

Entity Name: HAMMOND FARMS, LLC

Current Principal Place of Business:

129 NANDINA CIRCLE
PONTE VEDRA BEACH, FL 32082

New Principal Place of Business:

Current Mailing Address:

129 NANDINA CIRCLE
PONTE VEDRA BEACH, FL 32082

New Mailing Address:

FEI Number: 80-0005775 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BARTLETT, BARON L ESQ.
BARTLETT & DEAL, P.A.
135 PROFESSIONAL DR., STE. 101
PONTE VEDRA BEACH, FL 32082 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: COLLINS, WILLIAM J
Address: 129 NANDINA CIRCLE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: MGR ( ) Delete
Name: LEGEZA, PETER P JR.
Address: 1122 NECK ROAD
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: MGR ( ) Delete
Name: LEE, LISA ANN
Address: 4839 MARSH HAMMOCK DR E
City-St-Zip: J"VILLE, FL

ADDITIONS/CHANGES:

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

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

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 Chapter 119, 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: WILLIAM J. COLLINS MGR 03/15/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date