

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000000248

FILED  
Apr 25, 2007  
Secretary of State

**Entity Name:** HAMMOCK TRAIL DEVELOPMENT, LLC

**Current Principal Place of Business:**

3305 SOUTH WASHINGTON AVE.  
TITUSVILLE, FL 32780

**New Principal Place of Business:**

**Current Mailing Address:**

3305 SOUTH WASHINGTON AVE.  
TITUSVILLE, FL 32780

**New Mailing Address:**

**FEI Number:** 04-3687128

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GREENE, J. GREGORY  
3305 SOUTH WASHINGTON AVE.  
TITUSVILLE, FL 32780 US

**Name and Address of New Registered Agent:**

GREENE, JOHN G  
3305 SOUTH WASHINGTON AVE.  
TITUSVILLE, FL 32780 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: JOHN G GREENE

04/25/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: GREENE, JOHN G  
Address: 3305 S. WASHINGTON AVE.  
City-St-Zip: TITUSVILLE, FL 32780

Title: MGRM ( ) Delete  
Name: GREENE, JEFFREY B  
Address: 1011 INDIAN RIVER AVE.  
City-St-Zip: TITUSVILLE, FL 32780

**ADDITIONS/CHANGES:**

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 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: JOHN G GREENE

MGRM

04/25/2007

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