

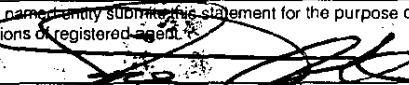
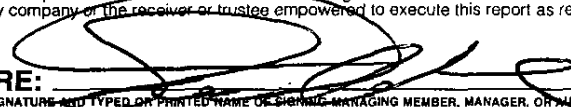


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 17, 2004 8:00 am
Secretary of State

05-17-2004 90568 007 ****50.00

DOCUMENT # L02000001788					
1. Entity Name INDIAN RIVER HAMMOCK DEVELOPMENT, LLC					
Principal Place of Business 311 WEFF RD. ST. AUGUSTINE, FL 32080			Mailing Address 311 WEFF RD. ST. AUGUSTINE, FL 32080		
2. Principal Place of Business 395 OCEAN FOREST DR. Suite, Apt. #, etc.		3. Mailing Address 395 OCEAN FOREST DR. Suite, Apt. #, etc.			
City & State ST. AUGUSTINE, FL		City & State ST. AUGUSTINE, FL		4. FEI Number 30-0030193	
Zip 32080		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SYKES & ASSOCIATES PROFESSIONAL LIMITED CO- ATTN: W. STEVEN SYKES 5 PALM ROW ST. AUGUSTINE, FL 32084			7. Name and Address of New Registered Agent Name: SCOTT COLE, III Street Address (P.O. Box Number is Not Acceptable): 395 OCEAN FOREST DR. City: ST. AUGUSTINE, FL Zip Code: 32080		
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:  DATE: _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by September 8, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM COLE, SCOTT III 311 WEFF RD. SAINT AUGUSTINE, FL 32080	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	395 OCEAN FOREST DR.	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 			Date: 5/15/2004 Daytime Phone #: 904/669-1595		