



# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 20, 2005 8:00 am**  
**Secretary of State**

04-20-2005 90036 013 \*\*\*\*50.00

<b>DOCUMENT # L02000001788</b> 1. Entity Name <b>INDIAN RIVER HAMMOCK DEVELOPMENT, LLC</b>					
Principal Place of Business <b>395 OCEAN FOREST DR. SAINT AUGUSTINE, FL 32080</b>				Mailing Address <b>395 OCEAN FOREST DR. SAINT AUGUSTINE, FL 32080</b>	
2. Principal Place of Business <b>2225 A1A SOUTH</b>		3. Mailing Address <b>P.O. Box 469</b>			
Suite, Apt. #, etc. <b>C-8</b>		Suite, Apt. #, etc. 			
City & State <b>ST. AUGUSTINE FL</b>		City & State <b>ST. AUGUSTINE FL</b>			
Zip <b>32080</b>		Country <b>USA</b>		4. FEI Number <b>30-0030193</b>	
Zip <b>32085</b>		Country <b>U.S.A.</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>COVE, SCOTT III 395 OCEAN FOREST DR. SAINT AUGUSTINE, FL 32080</b>				7. Name and Address of New Registered Agent Name <b>COLE, SCOTT III</b> Street Address (P.O. Box Number is Not Acceptable) <b>395 OCEAN FOREST DRIVE</b> City <b>ST. AUGUSTINE</b> <b>FL</b> Zip Code <b>32080</b>	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>				<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>				<b>10. ADDITIONS/CHANGES</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM <b>COLE, SCOTT III 395 OCEAN FOREST DR. SAINT AUGUSTINE, FL 32080</b> <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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					
<small>Date</small>				<small>Daytime Phone #</small>	