

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 06, 2006 8:00 am
Secretary of State

04-06-2006 90295 004 ****50.00

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DOCUMENT # L02000001788 1. Entity Name INDIAN RIVER HAMMOCK DEVELOPMENT, LLC					
Principal Place of Business 2225 A1A SOUTH C-8 SAINT AUGUSTINE, FL 32080			Mailing Address P.O. BOX 469 SAINT AUGUSTINE, FL 32085		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address P.O. Box 840140 Suite, Apt. #, etc.			
City & State Zip		City & State ST AUGUSTINE FL Zip 32080		Country U.S.A.	
4. FEI Number 30-0030193				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				04032006 Chg-LLC CR2E083 (11/05)	
6. Name and Address of Current Registered Agent COLE, SCOTT III 395 OCEAN FOREST DR. SAINT AUGUSTINE, FL 32080			7. Name and Address of New Registered Agent Name W STEVE SYRES Street Address (P.O. Box Number is Not Acceptable) 2225 A1A S. SUITE C-8 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 <u><i>[Signature]</i></u> W STEVE SYRES DATE 4/3/06 <small>Signature of registered agent or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2006		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 395 OCEAN FOREST DR. SAINT AUGUSTINE, FL 32080 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u><i>[Signature]</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					
<small>Date</small>				<small>Daytime Phone #</small>	