FILED
Apr 14, 2003 8:00 am
Secretary of State
01-24-2003 90253 029 ****50.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

1

DOCUMENT # L02000001788

1. Entity Name

INDIAN RIVER HAMMOCK DEVELOPMENT, LLC

55025232

Principal Place of Business	Mailing Address
311 WEFF RD. ST. AUGUSTINE FL 32080	311 WEFF RD. ST. AUGUSTINE FL 32080

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
311 Weff Rd.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: St. Aug	City & State
Zip: 32080 Country	Zip Country

4. FEI Number: 30-0030193 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $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

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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 ______________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Managing Member Scott Cole III 311 Weff Road St. Augustine, FL 32080 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (10/02)

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: SIGNATURE ON FILE 1/8/03 904-669-1395
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #